City of Rochester

Fire Suppression Systems Report

SERVICE COMPANY

ACG FIRE & SAFETY

PO BOX 148
DANSVILLE, NY 14437
Ofc (585) 728-9507
Cell (585) 957-0714

DATE OF SERVICE	TIME	A.M.	P.M.
8/18/09	12:25		x

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	x			

LOCATION OF SYSTEM CYLINDERS: on wall left side of hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Ansul Guard	R6-46	x	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
4 Gallon		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	2		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
x		x	3/4"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1999	

MANUFACTURER'S MANUAL REFERENCE: Ansul U.L. 300)

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: California Dollar

Address: 274 N. Goodman St

City: Rochester NY, 14621

Telephone: 544-2008 Store No.

Owner or Manager: Tommy Brown

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

15" Fryer	15" Fryer	12 burner range	

1. All appliances properly covered w/correct nozzles	yes	20. Replaced fuse links	09's
2. Duct and plenum covered w/correct nozzles	yes	21. Check travel of cable nuts/S-hooks	yes
3. Check positioning of all nozzles.	yes	22. Piping & conduit securely bracketed	yes
4. System installed in accordance w/MFG UL listing	yes	23. Proper separation between fryers & flame	yes
5. Hood/duct penetrations sealed w/weld or UL device	yes	24. Proper clearance-flame to filters	yes
6. Check if seals intact, evidence of tampering	yes/no	25. Exhaust fan in operating order	yes
7. If system has been discharged, report same	NA	26. All filters replaced	NA
8. Pressure gauge in proper range (If gauged)	175 psi	27. Fuel shut-off in on position	yes
9. Check cartridge weight (If applicable)	16 g	28. Manual & remote set/seals in place	yes
10. Hydrostatic test date (Ansul U.L. 300)	1999	29. Replace systems covers	NA
11. 6 year maintenance date	NA	30. System operational & seals in place	yes
12. Inspect cylinder and mount	yes	31. Slave system operational	NA
13. Operate system from terminal link	yes	32. Clean cylinder & mount	yes
14. Test for proper operation from remote	yes	33. Fan warning sign on hood	yes
15. Check operation of micro switch	NA	34. Personnel instructed in manual operation of system	yes
16. Check operation of gas valve	yes	35. Proper hand portable extinguishers has K-2	yes
17. Clean nozzles	yes	36. Portable extinguishers properly serviced	yes
18. Proper nozzle covers in place	yes	37. Service & Certification tag on system	yes
19. Check fuse links and clean	yes	NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS:

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT
x Christopher L Mitchell	Eco902	8/18/09	1:00		x	

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

274-302

COMPANY 304

INSPECTION # 00-01917

ADDRESS GOODMAN ST N FROM / TO 302 TAX ACCT #

PROPERTY OWNER STERN REALTY ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME ADDRESS PHONE

CITY STATE ZIP

EMERGENCY CONTACT DARYL ADDRESS PHONE 202-8706

CITY STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	240	1	2

NO ENTRY DATES:

BUSINESS NAME ROCHESTER YOUTH DEVELOPME PHONE

BUSINESS OWNER ROCHESTER YOUTH DEVELOPMENT

ADDRESS 302 N GOODMAN ST ROCHESTER NY14607

PHONE 473 9330

BUSINESS EMERGENCY JEANNE HARRUD

ADDRESS 1078 HATCH RD WEBSTER NY14580

PHONE 671 9213

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	25910 Alarm Permit II				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☑ ☐ SINGLE STATION SMOKE DETECTORS
☑ ☐ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☑ ☐ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT: LT Guyett	COMPANY Q4	DISTRICT B3	GROUP 3	DATE 8/29/08
BUS/PROP REPRESENTATIVE:	POSITION / TITLE office mgr.			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

274-302

COMPANY 204

INSPECTION # 09-01916

ADDRESS: GOODMAN ST N FROM / TO: 302 TAX ACCT #

PROPERTY OWNER: STERN REALTY ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: ONONDAFA SCHOOL OF THERAPEUTI ADDRESS: 302 N GOODMAN ST PHONE: C MASSAGE
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: MICHELLE AMES ADDRESS: PHONE: 749-5059
CITY: STATE: ZIP:

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	233	1	2

NO ENTRY DATES:

BUSINESS NAME ONONDAGA SCHOOL OF THERAP PHONE
BUSINESS OWNER ONONDAGA SCHOOL OF THERAPEUTIC MASSAGE
ADDRESS 302 N GOODMAN ST ROCHESTER NY14607
PHONE 241 0076
BUSINESS EMERGENCY JENIFER WESTSCOTT
ADDRESS 1960 WESTFALL RD ROCHESTER NY
PHONE 339 0131

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: LT Guyett	COMPANY 204	DISTRICT B3	GROUP 3	DATE 8/24/09
BUS/PROP REPRESENTATIVE: M Manin	POSITION / TITLE Office Manager			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY 909

INSPECTION # 09-12729

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: GARY I. STERN — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	594	2	2

NO ENTRY DATES:

BUSINESS NAME: NIK AND THE NICE GUYS — PHONE:
BUSINESS OWNER: NIK AND THE NICE GUYS
ADDRESS: 274 N GOODMAN ST B-282 ROCHESTER NY14607
PHONE: 244 0331
BUSINESS EMERGENCY: GARY WEBE
ADDRESS:
PHONE: 451 9322

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
FF Michael Loomis	Q49	3	2	7/17/2009

BUS/PROP REPRESENTATIVE	POSITION / TITLE	DATE OF REINSPECTION
X		7

FIRE SAFETY INSPECTOR	DATE

RFD 501 REV. 1/09

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 09-12724

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 481-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: DAVE CRANDALL — ADDRESS: 315 238 WEST DIVISION ST — PHONE: 471-0688
CITY: SYRACUSE — STATE: NY — ZIP: 13204

NFPA 901 CODES — GENERAL PROPERTY USE: ~~51~~ 59 — SPECIFIC PROPERTY USE: ~~152~~ 594 — STRUCTURE TYPE: 2 — STRUCTURE STATUS: 2

NO ENTRY DATES:

BUSINESS NAME: ENVIRONMENTAL DESIGN & RE — PHONE:
BUSINESS OWNER: ENVIRONMENTAL DESIGN & RESEARCH PC
ADDRESS: 274 N GOODMAN ST 8260 ROCHESTER NY14607
PHONE: 271 0040

BUSINESS EMERGENCY: GARY ALDRIDGE
ADDRESS: 72 OWAISSA DR ROCHESTER NY14622
PHONE: 342 9234

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
II M. Loomis	Q09	3	2	7/17/09
BUS/PROP REPRESENTATIVE: X [signature]	POSITION / TITLE: Engineer			DATE OF REINSPECTION: 7/17/09
FIRE SAFETY INSPECTOR:				DATE

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY 209

INSPECTION # 09 - 12720

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	562	2	2

NO ENTRY DATES:

BUSINESS NAME BOCCACINO HEATING PHONE
BUSINESS OWNER KAREN FALBO
ADDRESS B-271 ROCHESTER NY14607
PHONE 454 2120
BUSINESS EMERGENCY KAREN FALBO
ADDRESS 8 SYLVAN GLEN FAIRPORT NY14450
PHONE 387 9930

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F. M. Loomis	Q19	3	2	7/17/09
BUS/PROP REPRESENTATIVE: Dawn Lane	POSITION / TITLE Service			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/09

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY 009

INSPECTION # 09-12722

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061

CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME — ADDRESS — PHONE

CITY — STATE — ZIP

EMERGENCY CONTACT — ADDRESS — PHONE: 000-0000

CITY — STATE — ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591		

NO ENTRY DATES:

BUSINESS NAME: D-213 FLUENZ — PHONE:

BUSINESS OWNER

ADDRESS — PHONE

BUSINESS EMERGENCY: ART ROTHFUSS

ADDRESS: 73 HIDDEN VALLEY RD. ROCHESTER 14624 — PHONE: 585-820-1015

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF M. LOOMIS	Q49	3	2	7/17/09

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 1/09

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 09-12731

ADDRESS GOODMAN ST N — FROM / TO 274 — TAX ACCT #

PROPERTY OWNER GARY I STERN — ADDRESS 274 N GOODMAN ST — PHONE 442-9061
CITY ROCHESTER — STATE NY — ZIP 14607

MAILING NAME GARY I. STERN — ADDRESS 274 N GOODMAN ST — PHONE
CITY ROCHESTER — STATE NY — ZIP 14607

EMERGENCY CONTACT GARY I. STERN — ADDRESS 40 EVANDALE RD — PHONE 461-9867
CITY ROCHESTER — STATE NY — ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	53	539	2	2

NO ENTRY DATES:

BUSINESS NAME TABLE TOPPERS OF ROCHESTE PHONE
BUSINESS OWNER TABLE TOPPERS OF ROCHESTER
ADDRESS 274 N GOODMAN ST D-104 ROCHESTER NY14607
PHONE 271 2470
BUSINESS EMERGENCY CHANTIZA STERN 615-4088
ADDRESS
PHONE 461 2239

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF M. Loomis	Q09	3	2	7/17/2009
BUS/PROP REPRESENTATIVE: X [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 09-12728

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: GARY I. STERN — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE: 54 — SPECIFIC PROPERTY USE: — STRUCTURE TYPE: 2 — STRUCTURE STATUS: 2

NO ENTRY DATES:

BUSINESS NAME: ~~[illegible]~~ ~~NATALY'S FINE OFFERING~~ — PHONE:
BUSINESS OWNER: NATALY'S FINE OFFERING
ADDRESS: 274 N GOODMAN ST 3-134 ROCHESTER NY14607
PHONE: 241 9209
BUSINESS EMERGENCY:
ADDRESS:
PHONE:

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	VACANT				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: FF J McQuay — COMPANY: Q-9 — DISTRICT: 3 — GROUP: 2 — DATE: 7-28-09

BUS/PROP REPRESENTATIVE: Amanda M Cavarie — POSITION / TITLE: — DATE OF REINSPECTION:

FIRE SAFETY INSPECTOR: — DATE:

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY 909

INSPECTION # 09 - 12732

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: — ADDRESS: — PHONE:
CITY: — STATE: — ZIP:

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 38 TOBEY BRK — PHONE: 202-8655
CITY: PITTSFORD — STATE: NY — ZIP: 14534

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	2	2

NO ENTRY DATES: 7/21/09 17:30 GEZ ML

BUSINESS NAME: TELECOMMUNICATIONS BANK — PHONE:
BUSINESS OWNER: TELECOMMUNICATIONS BANK
ADDRESS: 274 N GOODMAN ST A204 ROCHESTER NY14607
PHONE:
BUSINESS EMERGENCY: PERRY BANKS (C) 747-5733
ADDRESS: 552 CLAY AV ROCHESTER NY14613
PHONE: 647 1784

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☑ ☐ FIRE/SMOKE DETECT. SYSTEM	☑ ☐ SINGLE STATION SMOKE DETECTORS
☑ ☐ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☑ ☐ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF J M [illegible]	09	3	2	7-28-09
BUS/PROP REPRESENTATIVE: Amanda M Chiavaro	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

1-8

COMPANY Q09

INSPECTION # 09-12730

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: GARY I. STERN ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE: 54 — SPECIFIC PROPERTY USE: 591 — STRUCTURE TYPE: 2 — STRUCTURE STATUS:

NO ENTRY DATES:

BUSINESS NAME: PRIMITIVE IMPRESSIONS PHONE:
BUSINESS OWNER: PRIMITIVE IMPRESSIONS 1-8 [illegible]
ADDRESS: 274 N GOODMAN ST B-135 ROCHESTER NY14607
PHONE: 244 4290
BUSINESS EMERGENCY: JASON MORNINGSTAR
ADDRESS: 37 GLAZER DR ROCHESTER NY14625
PHONE: 381 0079

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☑ ☐ FIRE/SMOKE DETECT. SYSTEM	☑ ☐ SINGLE STATION SMOKE DETECTORS
☑ ☐ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☑ ☐ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF J McQuay	Q9	B3	2	7-28-09
BUS/PROP REPRESENTATIVE: Amanda M Ciarrusi	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) 428-7037

COMPANY 909

INSPECTION # 09-12721

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9367
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES:

BUSINESS NAME COMICS ETC PHONE
BUSINESS OWNER ANDY BATTAGLIA
ADDRESS 3114 LOWER LEVEL ROCHESTER NY14607
PHONE 473 7150
BUSINESS EMERGENCY ANDY BATTAGLIA 354-1072
ADDRESS 155 FLOVERTON ST ROCHESTER NY14610
PHONE 654 8262

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF M. Loomis	QM9	3	2	7/27/09
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY 209

INSPECTION # 09-12733

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: JOHN WESTERBERG — ADDRESS: 315 4299 LAKE RD — PHONE: 589-2049
CITY: WILLIAMSON — STATE: NY — ZIP: 14589

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES:

BUSINESS NAME: YANKEE PEDDLER BOOKS — PHONE:
BUSINESS OWNER: JOHN WESTERBERG
ADDRESS: 274 N GOODMAN ST B-130 ROCHESTER NY14607
PHONE: 271 5080
BUSINESS EMERGENCY: BOB GULLO
ADDRESS:
PHONE: 402 1591

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF M. Loomis	209	3	2	7/27/09

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
X Bob Gullo		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) 428-7037

BUILDING INSPECTION / COMPLAINT FORM

274+302

IPANY 909

INSPECTION # 09-12719

RESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

LING NAME GARY I. STERN ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

RGENCY CONTACT GARY I. STERN ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 59	SPECIFIC PROPERTY USE 591	STRUCTURE TYPE 1	STRUCTURE STATUS 2

NTRY DATES:

BUSINESS NAME AUDOSCIENCE PHONE
BUSINESS OWNER AUDOSCIENCE
ADDRESS 274 N GOODMAN ST B 260A ROCHESTER NY14607
PHONE 271 8870
BUSINESS EMERGENCY ANDREW ELDER, PHD
ADDRESS ~~274 N GOODMAN ST~~ 116 CORWIN RD ROCHESTER NY ~~14607~~ 14620
PHONE 224 8541

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

= ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

N	Y N	Y N
] SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
] STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
] FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

ICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
M. LOOMIS	GM9	3	2	7/17/09
/PROP REPRESENTATIVE: G. S. Elder	POSITION / TITLE OWNER			DATE OF REINSPECTION
SAFETY INSPECTOR:				DATE

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

274-302

COMPANY 009

INSPECTION # 09-12723

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I. STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME EFFECTIVE V.I. PHONE

BUSINESS OWNER EFFECTIVE V.I.

ADDRESS 274 N GOODMAN ST B-264 ROCHESTER NY14607

PHONE 271 8780

BUSINESS EMERGENCY ROBB WILSON (970)443-2451 TIM WOOD

ADDRESS

PHONE 503 2897

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF M. Loomis	009	3	2	7/17/09
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
	DIRECTOR OX			7/17/09
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Down Hall

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY 009

INSPECTION # 09 -12726

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: — ADDRESS: — PHONE:
CITY: — STATE: — ZIP:

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	~~51~~ 59	~~152~~ 576	2	2

NO ENTRY DATES: 7/17 A.M

BUSINESS NAME: IMAGE OUT — PHONE:
BUSINESS OWNER: IMAGE OUT
ADDRESS: 274 N GOODMAN ST A203 ROCHESTER NY14607
PHONE: 271 2640
BUSINESS EMERGENCY: JIM DIEBEL
ADDRESS:
PHONE: 770 4568

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
H. M. Loomis	QM4	3	2	7/27/09

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
Marylane Rice		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY 909

INSPECTION # 09-12727

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: GARY I. STERN — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	~~51~~ 59	~~152~~ 590	2	2

NO ENTRY DATES:

BUSINESS NAME: MINERVA DESIGN — PHONE:
BUSINESS OWNER: MINERVA DESIGN
ADDRESS: 274 N GOODMAN ST A-403 ROCHESTER NY14607
PHONE: 442 8800
BUSINESS EMERGENCY: MICHAEL MINERVA
ADDRESS: 94 SOUTHGATE PARKWAY 14618 — PHONE: 705 1245

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF M. Loomis	09	3	2	7/27/09

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

DOWNHALL

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 09-12725

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
GARY I. STERN	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I. STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	2	2

NO ENTRY DATES:

BUSINESS NAME FRANK SUNSTROM & ASSOCIAT PHONE
BUSINESS OWNER FRANK SUNSTROM & ASSOCIATE
ADDRESS 274 N GOODMAN ST ~~5205~~ A205 ROCHESTER NY14607
PHONE 232 8087
BUSINESS EMERGENCY
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
A M. LOOMIS	Q09	3	2	7/27/09
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/09

COPY TO FIRE SAFETY

City of Rochester

Department of Community Development
City Hall Room 125B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

one city ROCHESTER

Bureau of Buildings
and Zoning

June 15, 2009

California Rolling – Sushi Bar
274 N Goodman St
Rochester, NY 14607

RE: 274 N Goodman St – First floor (South) Restaurant

Dear Property Owner:

Accompanying this letter is your occupancy sign for the above mentioned address. The number on the sign **55** is the maximum allowable occupancy in this establishment at one time.

It is your responsibility to maintain the sign(s), or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearances ticket shall be issued and subsequent fines collected. If a sign is missing a fee of $25.00 will be assessed to replace it.

If you have any questions, please contact the Fire Marshal at 428-7037.

Sincerely,

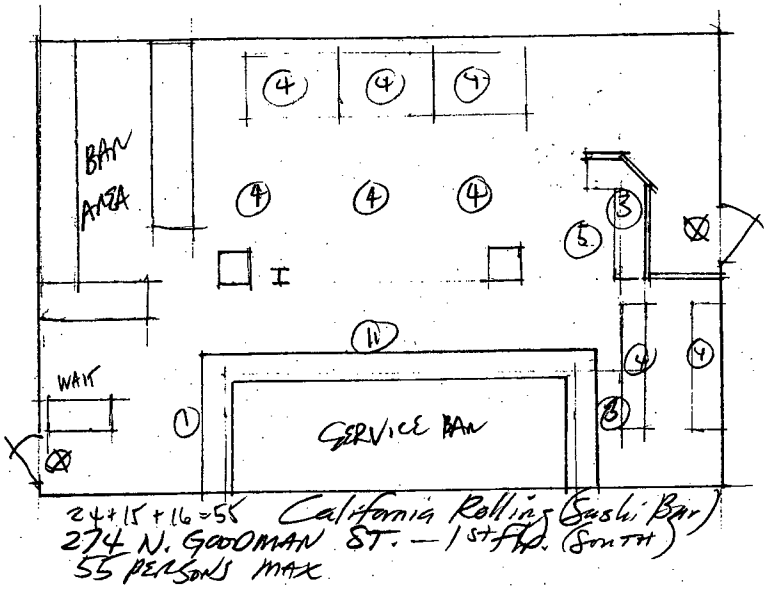
Joel N. Smith
Manager of Plan Review & Bldg. Inspections

JNS/jpl

xc: City Fire Marshal
Occupancy File

OCCUPANCY BY MORE THAN 55 PERSONS IS DANGEROUS AND UNLAWFUL

City of Rochester, New York



J. LINARES
INSPECTOR
JUNE 2009
SIGN PLACEMENT DATE

274 N. GOODMAN ST
CALIFORNIA ROLLING (SUSHI BAR)
1st flr. (SOUTH) 55 PERSONS MAX

Fire Company:	FSA	Inspection Type:	CC
Address:	274 N. GOODMAN ST.		
Parcel Owner:			
Mailing Name:	Address:	Phone:	
Emergency Contact:		Phone:	
Business Name:	SALENA'S	Phone:	
Business Owner's Name:			
Business Owner's Address:			
Business Emergency Contact:		Phone:	
NFPA 901 Codes:	Spec Prop Use:	Structure Type:	Structure Status:

Date	Time	No Entry	Referred	Orders Issued	Completed	Special Instructions:
6/3/09				2		- PADLOCK ON EGRESS GATE FROM
						COURTYARD. EXIT FROM RESTAURANT
						AREA EXITS THROUGH THIS GATE.
6/5/09					2	OK

Y	N		Y	N			Y	N	
		Sprinkler System			Alarm Permit	#			Bars/Wire on windows
		Standpipe System			Kitchen Hood Existing				Lock Box
		Fire Alarm System			Fire Alarm Sys Type:				

Officer Preparing Report: _____ Company: _____ Group: _____

Bus/Prop Representative: _____ Position/Title: _____

Fire Safety Inspector: MARK SCIALDONE Date: 6/3/09

City of Rochester

Fire Department
185 Exchange Blvd., Ste 665
Rochester, New York 14614-2124
www.cityofrochester.gov

one city ROCHESTER Fire Safety Division

Office of the Fire Marshal
Telephone: (585) 428-7037
Fax: (585) 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

SALENA'S
NAME

Date 6/3/09

GOODMAN ST. / VILLAGE GATE
ADDRESS

14607
CITY, STATE, ZIP

Inspection of the premises located at SAME reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1 1008.1.8 - OUTDOOR COURTYARD GATE CANNOT BE LOCKED (PADLOCK) WHEN BUSINESS IS OPEN. (EXIT).

1 1008.1.8.3 (2.2.) - A READILY VISIBLE DURABLE SIGN SHALL BE POSTED ON GATE READING "THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED".

SIGN LETTERS SHALL BE 1" HIGH ON A CONTRASTING BACKGROUND.

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal MARK SCIALDONE

DATE OF COMPLIANCE 6/5/09

Fire Marshal [signature]

FD 506

FIRE SAFETY INSPECTION RECORD

S/H - 125

LOCATION: 274 N GOODMAN ST

Person contacted:

☒ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

AC

5/13/09

DATE RECEIVED IN FIRE SAFETY:

Telephone #: RICKYS PLACE

Owner Name:
Owner Address:
Owner Phone:

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
5/13/09								1 Viorord		AC
5-29-09					X			NOT CORRECTED		S.C
6-10-09						1		OK	06	S.C

APPROVED

	Y	N
Sprinkler System		
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy		

Permit# _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

AC Richards

Fire Marshal

Port Fix
OD
2/08

APPROVED

CLS1080

Date Printed: May 13, 2009

City of Rochester
City Code License - Second Hand Dealer
For Application#: 125

Current Status/Date: **05/05/2009 V - Wait CZC**

Applic. Date: **05/05/2009** Issue Date: Start Date: **01/01/2009** Expiration Date: **12/31/2009**

General Comments:

License Fee: **$200.00** ***** NEW LICENSE ***** Last Chgd: **05/13/2009 Szatkot**

Applicant: **RICKY SANDS** Residence: **195 WIMBLEDON RD**

DOB: **06/20/1934** Home Phone: **(585) 544-0009** City, State, Zip: **ROCHESTER, NY 14617**

Business Name: **RICKY'S PLACE** Business Phone **(585) 442-0042**

Business Name:

Activity: **VENTAGE CLOTHING AND JEWELRY**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **05/05/2009** Reviewer:

3 Game Limit? **Yes** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **05/05/2009** Reviewer:

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **05/13/2009** Reviewer: **richarda**

Occupancy: **0** Cart Inspection Date: 6-11-09 Approved: OK **No**

Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: / Reviewer:

Comments:

City of Rochester

Fire Department
185 Exchange Blvd., Ste 665
Rochester, New York 14614-2124
www.cityofrochester.gov

one city ROCHESTER Fire Safety Division

Office of the Fire Marshal
Telephone: (585) 428-7037
Fax: (585) 428-6785

Al Richards
428-3685

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Ricky's Place
NAME

Date 5/13/09

274 N. Goodman St
ADDRESS

Rochester, N.Y 14607
CITY, STATE, ZIP

472-0042.

Inspection of the premises located at Above. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

N.Y.S.F.C. 906.6 Portable fire extinguisher outdated inspection tag

* CALL inspector, when corrected for License Approval

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal _____

DATE OF COMPLIANCE 6-22-09

Fire Marshal _____

FD 506

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 GOODMAN ST N

Person contacted: STERN REALTY & MANAGEMENT CO

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
4/14/09								OK Relete	X	AR
								LOW on 176 Anderson Ave		

	Y	N
Sprinkler System		
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy		

Permit# _____

Local **Central** (circle one)

APPROVED
FIRE SAFETY DIVISION

A R Richards
Fire Marshal

INSPECTION REPORT PERMIT MONTH: MAY 2009

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: 4429061 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	70	05042	ACETYLENE/FLAMMABLE GAS USAGE

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: _____ 20 ____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD:_____ _____

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 04/15/09

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

EVOLUTION IMPRESSIONS INC
274 GOODMAN ST N

10-04041	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 90

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

10-04041	PERMIT NUMBER
04/15/09	INVOICE DATE
05/15/09	DUE DATE
$ 160	AMOUNT DUE

PAID 5/11/09

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

shall be complied with, and said Permit will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 04/30/10

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

10-04041	PERMIT NUMBER
04/15/09	INVOICE DATE
05/15/09	DUE DATE
$ 160	AMOUNT DUE

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 03/16/09

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

SALENA'S MEXICAN RESTAURANT
274 GOODMAN ST N

10-03038	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUST/COMM	$ 70

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER
00274 GOODMAN ST N

10-03038	PERMIT NUMBER
03/16/09	INVOICE DATE
04/16/09	DUE DATE
$ 70	AMOUNT DUE

PAID 3/24/09 SP

SALENA'S MEXICAN RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

FD513 fdpmt1

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 03/31/10

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER
00274 GOODMAN ST N

10-03038	PERMIT NUMBER
03/16/09	INVOICE DATE
04/16/09	DUE DATE
$ 70	AMOUNT DUE

SALENA'S MEXICAN RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

FD513 fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 GOODMAN ST N

Person contacted: EVOLUTION IMPRESSIONS INC

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
3/30/09	2p							Decal	X	AR

	Y	N
Sprinkler System	✓	
Alarm Permit		✓
Cooking Hood		✓
Fire Alarm System		✓
Standpipe System		✓
Cooking System		✓
Bars/Wires on Windows		✓
Lock Box		✓
Posted Occupancy		✓

Permit# _____

Local **Central** (circle one)

APPROVED
FIRE SAFETY DIVISION

AC Richards

Fire Marshal

Steam Sphere room

Storage-room sphere

- (1) 5 gal to outs. rated enclos.

INSPECTION REPORT PERMIT MONTH: APRIL 2009

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 02 OWNER: EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: TOM GRUBER PHONE NO: 4736600 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10C	70	04042	FLAM/COMB LQD CLS I,II,III
5412B17	90		CMBSTBL MAT'L STRGE-OVER 2500 CU FT

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: _____ 20 ____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD:_____ _____

City of Rochester
FIRE DEPARTMENT

FIRE SAFETY DIVISION
185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

PERMIT

DATE 02/24/09

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

GATE HOUSE RESTAURANT
274 GOODMAN ST N

10-02033	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUST/COMM	$ 70

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

10-02033	PERMIT NUMBER
02/24/09	INVOICE DATE
03/24/09	DUE DATE
$ 70	AMOUNT DUE

PAID 3/12/09 JA

SUITE 108D
GATE HOUSE RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 02/28/10

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

10-02033	PERMIT NUMBER
02/24/09	INVOICE DATE
03/24/09	DUE DATE
$ 70	AMOUNT DUE

SUITE 108D
GATE HOUSE RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☑ EAST
☑ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 GOODMAN ST N
SALENA'S MEXICAN RESTAURANT

Person contacted:

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
DATE										
2/5/09								oh	X	Ar

	Y	N
Sprinkler System		✓
Alarm Permit		✓
Cooking Hood	✓	
Fire Alarm System	✓	
Standpipe System		✓
Cooking System	✓	
Bars/Wires on Windows		✓
Lock Box		✓
Posted Occupancy	Yes	

Permit# _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

Al Richards
Fire Marshal

INSPECTION REPORT PERMIT MONTH: MARCH 2009

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 04 OWNER: SALENA'S MEXICAN RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ALBERT DEBLIECK PHONE NO: 2565980 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16	70	03039	OVEN OR KILN OPERATION INDUST/COMM

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: _____ 20 ____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD:_____ _____

EC 53

AL

FIRE SAFETY INSPECTION RECORD

☑ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 No. Goodman St.

Person contacted:

Telephone #:

1-30-09 DATE RECEIVED IN FIRE SAFETY:

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
2/3/09			1					1 vio 10 rd RFD permit		AR
2/13/09						1		1 corr	X	AR

APPROVED

Y N

☐ ☐ SPRINKLER SYSTEM
☐ ☐ COOKING HOOD SYSTEM
☐ ☐ FIRE ALARM SYSTEM
☐ ☐ STANDPIPE SYSTEM
☐ ☐ COOKING SYSTEM
☐ ☐ BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION
AL Richards
FIRE MARSHAL

CLS1080

Date Printed: January 30, 2009

City of Rochester
City Code License - Entertainment Center
For Application#: 53

Current Status/Date: **01/28/2009 P - Pending**

Applic. Date: **01/28/2009** Issue Date: Start Date: **02/01/2009** Expiration Date: **01/31/2010**

General Comments:

License Fee: **$425.00** ***** RENEWAL LICENSE ***** Last Chgd: **01/30/2009 lovellr**

Applicant: **K. THOMAS KOHN** Residence: **865 WHALEN RD**

DOB: **07/19/1956** Home Phone: **(585) 381-3816** City, State, Zip: **PENFIELD NEW YORK 14526**

Business Name: **BOP SHOP RECORDS** Business Phone **(585) 271-3354**

Business Name:

Activity: **RETAIL OF CD'S LP'S AND OTHER RELATED PRODUCTS**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: **1080402** Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **01/28/2009** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **01/28/2009** Reviewer:

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **01/30/2009** Reviewer: **richarda**

Occupancy: **0** Cart Inspection Date: Approved: **No**

Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **01/28/2009** Reviewer:

Comments:

(1): 5/6 fx

RFD permit
Comb

City of Rochester

Fire Department
185 Exchange Blvd., Ste 665
Rochester, New York 14614-2124
www.cityofrochester.gov

one city ROCHESTER Fire Safety Division

Office of the Fire Marshal
Telephone: (585) 428-7037
Fax: (585) 428-6785

Al Richards

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Thomas Kohn.
Bop Shop Records
NAME

Date 2/3/09

274 N. Goodman St
ADDRESS

Rochester N.Y. 14607.
CITY, STATE, ZIP

Inspection of the premises located at Above reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

NYS, FC. 906.3 (1) Need (1) 5lb ABC portable fire extinguisher rated @ 5-B. Place in center of storage space, includ. sticker sign to show location.

* CALL inspector regarding RFD permit requirements (storage of combustibles)

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal ALBERT P. Richards

DATE OF COMPLIANCE 2/13/09

Fire Marshal

FD 506

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☑ EAST
☑ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 GOODMAN ST N
GATE HOUSE RESTAURANT

Person contacted:

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
DATE										
11/6/09									X	

	Y	N
Sprinkler System		
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy		

Permit# _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

Al Richards

Fire Marshal

INSPECTION REPORT PERMIT MONTH: FEBRUARY 2009

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 05 OWNER: GATE HOUSE RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: MIKE CORSON PHONE NO: 4732090 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16	70	02100	OVEN OR KILN OPERATION INDUST/COMM

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: _____ 20 ____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD:_____ _____

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) 428-7037

COMPANY Q09

INSPECTION # 08 - 04563

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: GARY I. STERN — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	54	~~549~~	2	2

NO ENTRY DATES: 23JUL2008 1339 9-2 AM 9-12 PM

BUSINESS NAME ~~FLESH 4 FANTASY TATTOO~~ — PHONE:
BUSINESS OWNER ~~FLESH 4 FANTASY TATTOO~~ NATALY'S FINE OFFERINGS
ADDRESS B-134
PHONE 585.241.9209
BUSINESS EMERGENCY ADDRESS
PHONE:

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D
	OPEN TH-FR-SA 4-8pm
	VACANT 11/6/08

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
Capt. Coppa	Q09		3	11/6/08
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

274 N. GOODMAN ST.

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
7/15/08	10:50	x	

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	x			

LOCATION OF SYSTEM CYLINDERS: on wall left side of hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Ansul Pyrocheck	RCL 4LG	x	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
4 gal		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	1		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
x		x	3/4"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1999	

MANUFACTURER'S MANUAL REFERENCE (meets UL-300)

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: California Rollins

Address: Village Gate Plaza

City: Rochester, NY 14607

Telephone: 271-8990 Store No.

Owner or Manager

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

15" Fryer	15" Fryer	6 burner Range	

1. All appliances properly covered w/correct nozzles — yes
2. Duct and plenum covered w/correct nozzles — yes
3. Check positioning of all nozzles. — yes
4. System installed in accordance w/MFG UL listing — yes
5. Hood/duct penetrations sealed w/weld or UL device — yes
6. Check if seals intact, evidence of tampering — no
7. If system has been discharged, report same — no
8. Pressure gauge in proper range (If gauged) — 175psi
9. Check cartridge weight (If applicable) — 1609
10. Hydrostatic test date — 1999
11. 6 year maintenance date — no
12. Inspect cylinder and mount — yes
13. Operate system from terminal link (1) — yes
14. Test for proper operation from remote — yes
15. Check operation of micro switch — N/A
16. Check operation of gas valve 3/4" — yes
17. Clean nozzles — yes
18. Proper nozzle covers in place — yes
19. Check fuse links and clean — yes
20. Replaced fuse links 07 — no
21. Check travel of cable nuts/S-hooks — yes
22. Piping & conduit securely bracketed — yes
23. Proper separation between fryers & flame — yes
24. Proper clearance-flame to filters — yes
25. Exhaust fan in operating order — yes
26. All filters replaced — no
27. Fuel shut-off in on position — yes
28. Manual & remote set/seals in place — yes
29. Replace systems covers — n/a
30. System operational & seals in place — yes
31. Slave system operational — n/a
32. Clean cylinder & mount — yes
33. Fan warning sign on hood — yes
34. Personnel instructed in manual operation of system — yes
35. Proper hand portable extinguishers has K-1 — yes
36. Portable extinguishers properly serviced — yes
37. Service & Certification tag on system — yes

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS:

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT
x [illegible]	[illegible]	7/15/08	11:27	x		

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08-04571

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME

ADDRESS

PHONE

CITY STATE ZIP 585. 202-8655

EMERGENCY CONTACT GARY I. STERN

ADDRESS ~~40 EVANDALE RD~~ 38 Tobey Brook

PHONE 461-9867

CITY ~~ROCHESTER~~ Pittsford STATE NY ZIP ~~14618~~ 14534

NFPA 901 CODES	GENERAL PROPERTY USE 59	SPECIFIC PROPERTY USE 591	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES: 23 JUL 2008 1400 9-12 PM 9-7 AM

BUSINESS NAME TELECOMMUNICATIONS BANK PHONE

BUSINESS OWNER TELECOMMUNICATIONS BANK

ADDRESS 274 N GOODMAN ST A204 ROCHESTER NY14607

PHONE

BUSINESS EMERGENCY PERRY BANKS (C) 747-5733

ADDRESS 552 CLAY AV ROCHESTER NY14613

PHONE 647 1784

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL ... OR CO...

DIRECTION ROOM #, ETC.

☐ N...

NOT ABLE TO REACH SEND IN

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED

Y N	Y
☐ ☐ SPRINKLER SYSTEM	☐
☐ ☐ STANDPIPE SYSTEM	☐
☐ ☐ FIRE ALARM SYSTEM	☐

...OKE DETECTORS

...OWS

amrix™
(Cyclobenzaprine Hydrochloride Extended-Release Capsules)

OFFICER PREPARING REPORT:

...ATE

BUS/PROP REPRESENTATIVE:

DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:

DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04557

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME GARY I. STERN ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME ARCTIC WHOLESALE PHONE
BUSINESS OWNER ARCTIC WHOLESALE CORPORATION
ADDRESS LOWER LEVEL ROCHESTER NY14607
PHONE 242 9219
BUSINESS EMERGENCY BILL (C)721-0061
ADDRESS 72 ST ELIAS CIRCLE ROCHESTER NY14626
PHONE 723 0279

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	Fire Safety inspection				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04570

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: GARY I. STERN ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	53	539	2	2

NO ENTRY DATES:

BUSINESS NAME TABLE TOPPERS OF ROCHESTE PHONE
BUSINESS OWNER TABLE TOPPERS OF ROCHESTER
ADDRESS 274 N GOODMAN ST D-104 ROCHESTER NY14607
PHONE 271 2470
BUSINESS EMERGENCY CHANTIZA STERN 615-4088
ADDRESS
PHONE 461 2239

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt J. Thomas	Q09		3	21 JULY 2008
BUS/PROP REPRESENTATIVE: CHANTIZA STERN	POSITION / TITLE: owner			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04558

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #:

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: GARY I. STERN
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	1	2

NO ENTRY DATES:

BUSINESS NAME: AUDOSCIENCE
PHONE:
BUSINESS OWNER: AUDOSCIENCE
ADDRESS: 274 N GOODMAN ST B 260A ROCHESTER NY14607
PHONE: 271 8870
BUSINESS EMERGENCY: ANDREW ELDER, PHD
ADDRESS: 274 N GOODMAN ST ROCHESTER NY14607
PHONE: 224 8541

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☒ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. Michael Vinci	Q9	B-3	3	7/23/08
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

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Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04559

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	562	2	2

NO ENTRY DATES:

BUSINESS NAME: BOCCACINO HEATING
PHONE:
BUSINESS OWNER: KAREN FALBO
ADDRESS: B-271 ROCHESTER NY14607
PHONE: 454 2120
BUSINESS EMERGENCY: KAREN FALBO
ADDRESS: 8 SYLVAN GLEN FAIRPORT NY14450
PHONE: 387 9930

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT: FF Michael Vinci	COMPANY Q-9	DISTRICT B-3	GROUP 3	DATE 7/23/08
BUS/PROP REPRESENTATIVE: M. Banks	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

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City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04566

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: GARY I. STERN ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	152	2	2

NO ENTRY DATES:

BUSINESS NAME: MINERVA DESIGN PHONE:
BUSINESS OWNER: MINERVA DESIGN Michael Minerva
ADDRESS: 274 N GOODMAN ST A-403 ROCHESTER NY14607
PHONE: (585) 705.1245
BUSINESS EMERGENCY:
ADDRESS:
PHONE: (585) 705.1245

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt. Hartman	Q09		3	
BUS/PROP REPRESENTATIVE:	**POSITION / TITLE**			**DATE OF REINSPECTION**
Michael Minerva	Owner			
FIRE SAFETY INSPECTOR:				**DATE**

RFD 501 REV. 03/03

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Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04561

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME

ADDRESS

PHONE

CITY STATE ZIP

EMERGENCY CONTACT GARY STERN

ADDRESS 40 EVANDALE RD

PHONE 461-5867 ~~000-0000~~

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	57	152	2	2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

BUSINESS NAME ~~[illegible]~~ IMAGE OUT PHONE 585.271.2640
BUSINESS OWNER JIM
ADDRESS 274 N. GOODMAN ST A203 14607 PHONE 585.271.2640
BUSINESS EMERGENCY JIM BEBEL
ADDRESS PHONE 585.770.4568

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. HAUMAN	Q09		3	23JUL2008
BUS/PROP REPRESENTATIVE: MARY JANE REINA	POSITION / TITLE ADMIN ASST.			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) 428-7037

COMPANY Q09

INSPECTION # 08 - 04562

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN ADDRESS: 40 EVANDALE RD PHONE: 481-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	152	2	2

NO ENTRY DATES:

BUSINESS NAME: ENVIRONMENTAL DESIGN & RE PHONE:
BUSINESS OWNER: DAVE CRANDALL
ADDRESS: 238 WEST DIVISION ST 315SYRACUSE NY13204
B 200 PHONE: 471 0688
BUSINESS EMERGENCY: GARY ALDRIDGE
ADDRESS: 72 OWAISSA DR ROCHESTER NY14622
PHONE: 342 9234

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. HANMAN	Q09		3	23 JUL 2008
BUS/PROP REPRESENTATIVE: GARY ALDRIDGE	POSITION / TITLE: ADMIN			DATE OF REINSPECTION: 28 JUL 2008
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04572

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES: 2/30/2008 1030

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

BUSINESS NAME: YANKEE PEDDLER BOOKS — PHONE:
BUSINESS OWNER: JOHN WESTERBERG
ADDRESS: 274 N GOODMAN ST B-130 ROCHESTER NY14607
PHONE: 271 5080
BUSINESS EMERGENCY: ~~[illegible]~~ Bob Gullo
ADDRESS: ~~139 VERMONT ST~~ ~~ROCHESTER~~ NY14609
(315) 589-2049 PHONE: ~~224 0414~~ 402-159

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	JOHN WESTERBERG				
	4299 LAKE RD				
	WILLIAMSON, NY 14589				
	(315) 589-2049				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT HARTMAN	Q09		3	23 01 2008

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
BOB GULLO		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 03/03

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08-04560

ADDRESS GOODMAN ST N — FROM / TO 274 — TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN — ADDRESS 274 N GOODMAN ST — PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY — ADDRESS 274 N GOODMAN ST — PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN — ADDRESS 40 EVANDALE RD — PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES — GENERAL PROPERTY USE 51 — SPECIFIC PROPERTY USE 541 — STRUCTURE TYPE 2 — STRUCTURE STATUS 2

NO ENTRY DATES: 21 JUL 2008 1030

BUSINESS NAME COMICS ETC — PHONE
BUSINESS OWNER ANDY BATTAGLIA
ADDRESS B114 LOWER LEVEL ROCHESTER NY14607
PHONE 473 7150
BUSINESS EMERGENCY ANDY BATTAGLIA
ADDRESS 155 FLOVERTON ST ROCHESTER NY14610
PHONE 654 8262

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS: CELL - 354-1072

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Lt J. Hartman — COMPANY QM9 — DISTRICT — GROUP 3 — DATE

BUS/PROP REPRESENTATIVE: ANDY LATTAGLIA — POSITION / TITLE OWNER — DATE OF REINSPECTION

FIRE SAFETY INSPECTOR: — DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04569

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: GARY I. STERN ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	2	2

NO ENTRY DATES: 23 JUL 2008 1400

BUSINESS NAME ~~[illegible]~~ PHONE
BUSINESS OWNER ~~[illegible]~~ FRANK SUNSTROM ? ASSOCIATE
ADDRESS 274 N GOODMAN ST ROCHESTER NY 14607
B 205 PHONE ~~473 1110~~ 232-8087
BUSINESS EMERGENCY N/A
ADDRESS PHONE ~~473 1110~~

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	B 205				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
LT. J. HANMAN	Q09		3	23 JUL 2008
BUS/PROP REPRESENTATIVE: FRANK L. SUNSTROM	POSITION / TITLE: OWNER			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04564

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #:

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: GARY I. STERN
ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	54	591	2	

NO ENTRY DATES:

BUSINESS NAME ~~MAGE OUT~~ Primitive Impressions PHONE 585.244.4290
BUSINESS OWNER
ADDRESS 274 N. Goodman B135 14607 PHONE
BUSINESS EMERGENCY Jason Morningstar
ADDRESS 37 Glazer Dr Roch NY 14625 PHONE 585.381.0079
SPECIAL INSTRUCTIONS:
SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
U J. Hartman	Q19		3	23 JUL 2008

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
Jason Morningstar	Owner	

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04568

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: GARY I. STERN — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	594	2	2

NO ENTRY DATES:

BUSINESS NAME: NIK AND THE NICE GUYS — PHONE:
BUSINESS OWNER: NIK AND THE NICE GUYS
ADDRESS: 274 N GOODMAN ST B-282 ROCHESTER NY14607
PHONE: 244 0331
BUSINESS EMERGENCY: GARY HEBB
ADDRESS:
PHONE: 451-9322 ~~451 9322~~

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. Michael Vinci	Q-9	B-3	3	7/23/08
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04567

ADDRESS: GOODMAN ST N | FROM / TO: 274 | TAX ACCT #: 005000-03.0

PROPERTY OWNER: ~~GARY~~ GARY ~~I STERN~~ STERN | ADDRESS: 274 N GOODMAN ST | PHONE: 442-9061
CITY: ROCHESTER | STATE: NY | ZIP: 14607

MAILING NAME: STERN REALTY | ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER | STATE: NY | ZIP: 14607

EMERGENCY CONTACT: GARY I STERN | ADDRESS: 40 EVANDALE RD | PHONE: 461-9867
CITY: ROCHESTER | STATE: NY | ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES: EFFECTIVE U.I.

BUSINESS NAME ~~HOTSON CONTROL TECHNOLOGY~~ Effective U.I. PHONE ~~271-8780~~
BUSINESS OWNER ~~JOHN SAPORITO~~ ROBB WILSON 970-443-2451
ADDRESS 274 N GOODMAN ST B-264 ROCHESTER NY14607
BUSINESS EMERGENCY Tim Wood PHONE ~~461-2110~~ 271-8780
~~JOHN SAPORITO (C)370-7701~~
ADDRESS ~~1630 STRONG RD~~ ~~VICTOR~~ ~~NY14564~~
10 Gailhaven Ct. Roch. 14618 PHONE ~~742-1649~~ 503-2897

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☑ ☒ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF Michael Vinci	Q-9	B-3	3	7/23/08
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 08 - 04565

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME GARY I. STERN ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN ADDRESS 40 EVANDALE ST PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME MEME-HILL FUNCTIONAL ART PHONE
BUSINESS OWNER MEME-HILL FUNCTIONAL ART
ADDRESS 274 N GOODMAN ST B-136 ROCHESTER NY14607
PHONE 721 4240
BUSINESS EMERGENCY AMIE FRELING
ADDRESS 300 ALPINE DR ROCHESTER NY14618
PHONE 218 4319

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

VACANT

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 05/01/08

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

09-05042	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 70

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

09-05042	PERMIT NUMBER
05/01/08	INVOICE DATE
06/01/08	DUE DATE
$ 70	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

MAY 9 2008

FD513

fdpmt1

This PERMIT is issued and accepted on condition that all Fire Prevention Code, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 05/31/09

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

09-05042	PERMIT NUMBER
05/01/08	INVOICE DATE
06/01/08	DUE DATE
$ 70	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

E2 ~~135~~ 134 JOHN

FIRE SAFETY INSPECTION RECORD

☒ LICENSE ☒ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. Goodman st.

Person contacted:

Telephone #(585)423-2030

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
4-18-08								(585) 278 8694 Andrew Federman 222 Culver Rd #4 Roch, N.Y. 14607		
DATE										
4/24/08										

APPROVED

80 Occupancy

Y	N	
☒	☐	SPRINKLER SYSTEM
☐	☒	COOKING HOOD SYSTEM
☒	☐	FIRE ALARM SYSTEM
☐	☒	STANDPIPE SYSTEM
☐	☒	COOKING SYSTEM
☐	☒	BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION
FIRE MARSHAL
4/24/08

CLS1080

Date Printed: April 18, 2008

City of Rochester
City Code License - Entertainment Center
For Application#: 134

Current Status/Date: **04/16/2008 V - Wait CZC**

Applic. Date: **04/16/2008** Issue Date: Start Date: **02/01/2008** Expiration Date: **01/31/2009**

General Comments:

License Fee: **$325.00** ***** NEW LICENSE ***** Last Chgd: **04/18/2008 lovellr**

Applicant: **ANDREW LEDERMAN** Residence: **222 CULVER RD #4**

DOB: **06/04/1968** Home Phone: **(585) 278-8694** City, State, Zip: **ROCHESTER NEW YORK 14607**

Business Name: **BODHI'S** Business Phone **(585) 423-2030**

Business Name:

Activity: **CAFE**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **04/16/2008** Reviewer:

3 Game Limit? **Yes** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **04/16/2008** Reviewer:

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **04/18/2008** Reviewer: **palermoj**

Occupancy: 80 Cart Inspection Date: Approved: **No** John Palmo 4/21/08

Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **04/16/2008** Reviewer:

Comments:

EC 131 JOHN

FIRE SAFETY INSPECTION RECORD

☑ LICENSE ☑ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted:

Telephone (#585) 271-3354

4-18-08
DATE RECEIVED IN FIRE SAFETY:

BOP SHOP RECORDS
274 N. GOODMAN ST
VILLAGE GATE
K. THOMAS KOHN

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
4/17/08							X		X	J Palm

☑ APPROVED

Y N
☒ ☐ SPRINKLER SYSTEM
☐ ☒ COOKING HOOD SYSTEM
☐ ☑ FIRE ALARM SYSTEM
☐ ☒ STANDPIPE SYSTEM
☐ ☒ COOKING SYSTEM
☐ ☒ BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION
[signature] 4/17/08
FIRE MARSHAL

CLS1080

Date Printed: April 14, 2008

City of Rochester
City Code License - Entertainment Center
For Application#: 131

Current Status/Date: **04/10/2008 V - Wait CZC**

Applic. Date: **04/10/2008** Issue Date: Start Date: **02/01/2008** Expiration Date: **01/31/2009**

General Comments:

License Fee: **$325.00** ***** NEW LICENSE ***** Last Chgd: **04/14/2008 lovellr**

Applicant: **K. THOMAS KOHN** Residence: **865 WHALEN RD**

DOB: **07/19/1956** Home Phone: **(585) 381-3816** City, State, Zip: **PENFIELD NEW YORK 14526**

Business Name: **BOP SHOP RECORDS** Business Phone **(585) 271-3354**

Business Name:

Activity: **RETAIL OF CD'S LP'S AND OTHER RELATED PRODUCTS**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **04/10/2008** Reviewer:

3 Game Limit? **Yes** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **04/10/2008** Reviewer:

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **04/14/2008** Reviewer: **palermoj**

Occupancy: **0** Fire Inspection Date: Approved: **No**

Comments:

APPROVED 4/17/08

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **04/10/2008** Reviewer:

Comments:

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☑ EAST
☑ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 GOODMAN ST N

Person contacted: STERN REALTY & MANAGEMENT CO

Telephone #: (585) 442 9061

Owner Name: STERN REALTY
Owner Address: 274 N. GOODMAN ST
Owner Phone: IN VILLAGE GATE ROCH, NY 14607

DARRELL A FOSTER - (585) 2028706

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
4/17/08							✓		X	

	Y	N
Sprinkler System	X	
Alarm Permit	X	
Cooking Hood		X
Fire Alarm System	X	
Standpipe System		X
Cooking System		X
Bars/Wires on Windows		X
Lock Box		X
Posted Occupancy	—	

Permit# _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

Fire Marshal

INSPECTION REPORT PERMIT MONTH: MAY 20

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: 4429061 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	70	05043	ACETYLENE/FLAMMABLE GAS USAGE

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: 4/17/08 SIGNATURE: [signature]

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 04/03/08

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

EVOLUTION IMPRESSIONS INC
274 GOODMAN ST N

09-04042	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 90

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

09-04042	PERMIT NUMBER
04/03/08	INVOICE DATE
05/03/08	DUE DATE
$ 160	AMOUNT DUE

MAY 6 2008

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

THIS PERMIT EXPIRES 04/30/09

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

09-04042	PERMIT NUMBER
04/03/08	INVOICE DATE
05/03/08	DUE DATE
$ 160	AMOUNT DUE

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 03/07/08

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

SALENA'S MEXICAN RESTAURANT
274 GOODMAN ST N

09-03039	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUST/COMM	$ 70

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

09-03039	PERMIT NUMBER
03/07/08	INVOICE DATE
04/07/08	DUE DATE
$ 70	AMOUNT DUE

MAR 1 2 2008

SALENA'S MEXICAN RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

THIS PERMIT EXPIRES 03/31/09

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

09-03039	PERMIT NUMBER
03/07/08	INVOICE DATE
04/07/08	DUE DATE
$ 70	AMOUNT DUE

SALENA'S MEXICAN RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☒ EAST
☒ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 GOODMAN ST N

Person contacted: EVOLUTION IMPRESSIONS INC

Telephone #: (585) 473-6600

Owner Name: Tom Gruber
Owner Address: 274 N. Goodman ST
Owner Phone: 615 6804

Gary Stern - 442-9061

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
3/5/08							✓		✓	J Palmer

	Y	N
Sprinkler System	X	
Alarm Permit		X
Cooking Hood		X
Fire Alarm System	X	
Standpipe System		X
Cooking System		X
Bars/Wires on Windows		X
Lock Box		X
Posted Occupancy	—	

Permit# _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

J. Palmer

Fire Marshal

INSPECTION REPORT PERMIT MONTH: APRIL 20

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 02 OWNER: EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: TOM GRUBER PHONE NO: 4736600 APPOINTMENT:(Y/N) ___
C— 615 6804

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10C	70	04045	FLAM/COMB LQD CLS I,II,III
5412B17	90		CMBSTBL MAT'L STRGE-OVER 2500 CU FT

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: 3/5/08 SIGNATURE: [signature]

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
2/8/08	4:30		X

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			

LOCATION OF SYSTEM CYLINDERS: on wall left side of Hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Range Guard	RG-4G	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
4 gal		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	1		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	3/4"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1999	

MANUFACTURER'S MANUAL REFERENCE: (meets UL300)

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: California Rollins

Address: Village Gate Plaza

City: Rochester NY 14607

Telephone: 2 [illegible] 8990 Store No.

Owner or Manager

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

15" Fryer	6 burner Range		

1. All appliances properly covered w/correct nozzles
2. Duct and plenum covered w/correct nozzles
3. Check positioning of all nozzles.
4. System installed in accordance w/MFG UL listing
5. Hood/duct penetrations sealed w/weld or UL device
6. Check if seals intact, evidence of tampering
7. If system has been discharged, report same
8. Pressure gauge in proper range (If gauged) 170 psi
9. Check cartridge weight (If applicable) [illegible]
10. Hydrostatic test date 1999
11. 6 year maintenance date
12. Inspect cylinder and mount
13. Operate system from terminal link
14. Test for proper operation from remote
15. Check operation of micro switch
16. Check operation of gas valve 3/4"
17. Clean nozzles
18. Proper nozzle covers in place
19. Check fuse links and clean
20. Replaced fuse links 07 links NO
21. Check travel of cable nuts/S-hooks
22. Piping & conduit securely bracketed
23. Proper separation between fryers & flame
24. Proper clearance-flame to filters
25. Exhaust fan in operating order
26. All filters replaced
27. Fuel shut-off in on position
28. Manual & remote set/seals in place
29. Replace systems covers
30. System operational & seals in place
31. Slave system operational
32. Clean cylinder & mount
33. Fan warning sign on hood
34. Personnel instructed in manual operation of system
35. Proper hand portable extinguishers has K 1
36. Portable extinguishers properly serviced
37. Service & Certification tag on system

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS:

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X [signature]	[illegible]	2/8/08	5:00		X	[signature]
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

City of Rochester

Fire Department
185 Exchange Boulevard, Suite 665
Rochester, New York 14614-2124

one city ROCHESTER

Fire Safety Division

PERMIT

DATE: 02/11/08

For keeping, storing, using installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By Virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

GATE HOUSE RESTAURANT
274 GOODMAN ST N

PERMIT NUMBER: 09-02100

Having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUSTRIAL/COMMERCIAL	$ 70

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO THE CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

Permit for Property at:
00274 N GOODMAN ST

GATE HOUSE RESTAURANT
274 N GOODMAN STREET SUITE 108D
ROCHESTER NY 14607

09-02100	**PERMIT NUMBER**
02/11/08	INVOICE DATE
03/11/08	DUE DATE
$ 70	AMOUNT DUE

FEB 25 2008

This permit expires: 02/28/09

This permit does not take the place of any License required by law and is not transferable. Any change in the use of occupancy of premises shall require a new permit.

Fire Marshal

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO THE CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

Permit for Property at:
00274 N GOODMAN ST

GATE HOUSE RESTAURANT
274 N GOODMAN STREET SUITE 108D
ROCHESTER NY 14607

09-02100	**PERMIT NUMBER**
02/11/08	INVOICE DATE
03/11/08	DUE DATE
$ 70	AMOUNT DUE

Permit fee payment not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$ 150.00
2nd Offense, or after 60 days	$ 150.00	$ 300.00
3rd Offense, or after 90 days	$ 375.00	$ 750.00

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☑ EAST New Restaurant use.
New ☑ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 N Goodman St.

Person contacted: Mike Carson

Telephone #:

Owner Name:
Owner Address:
Owner Phone: 473-2090

DATE RECEIVED FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
2/8/08								• New Ansul system trip test	X	AR
								• " Fire Alarm test.		
								• " RFD permit issued.		
								waiting for Ansul report.		

	Y	N
Sprinkler System		
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy		

Permit# _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

AL Richards
Fire Marshal

Szulgit Electric Inc.
637 Hazelwood Terrace
Rochester, New York 14609-5316
585-224-9617

Fire Alarm Inspection And Test

Date 2/8/08 Make VISTA Model 128FP
Customer The Gate House
274 N. Goodman Suite D108
Rochester NY 14607

Quantity	Tests	Device	Status	Comments
1		Control Panel	OK	
2		Rechargeable Batteries	OK	
3		Smoke Detectors	OK	
6		Heat Detectors	OK	
3		Manual Fire Pull Stations	OK	
2		Fire Alarm Horn/Strobes	OK	
		Fire Alarm Horns		
2		Fire Alarm Strobe Lights	OK	
		Magnetic Door Holders		
		Automatic Reporting Device		

Comments: All systems tested and found to be working correctly. No problems found

Technician: Eric Szulgit Customer:

City of Rochester
Fire Department
185 Exchange Boulevard, Suite 665
Rochester, New York 14614-2124
www.cityofrochester.gov

one city ROCHESTER Fire Safety Division

PERMIT APPLICATION

Business Name: Gate House Restaurant Business Phone (585) 473-2090. Cell 202-7952.

Type of Operation: Woodburn oven use.

Business Location: 274 N Goodman St Suite 108D City/State/Zip Code: Rochester, NY 14607.

Business Mailing Address (if different from above) Same
Street City/State/Zip Code

Business Contact Person's Name: Mike Corson Contact's Phone ( ) 202 7952.

Emergency Contact Person: _____ Emergency Contact's Phone ( ) _____

To use, maintain, store, manufacture, transport, stall, conduct processes or carry on operations involving or creating conditions deemed hazardous to life or property. Application is hereby made by the undersigned for a permit to use, maintain, install, store, operate, manufacture, conduct or transport the following materials, processes or operations.

Permit Code	Description	Fee
5412B/6	Oven use	70./yr.

Conditions, surroundings and arrangements shall be in accordance with the Fire Code of New York State and the Policies and Procedures of the Fire Marshal's Office. Complete plans and construction details must be filed on all major projects and when requested by the Fire Marshal.

Applicant's Name: Mike Corson
(Print Clearly)

Applicant's Signature _____

Fire Inspectors Name: ALBERT P. Richards Date: 2/8/08.

----------FOR OFFICE USE ONLY----------

DATE PERMIT ISSUED: _____ DATE EXPIRES: _____

PERMIT NUMBER: _____ FEE TOTAL: _____

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☒ EAST
☒ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

JOHN

LOCATION: 274 GOODMAN ST N
SALENA'S MEXICAN RESTAURANT

Person contacted:

1/22/08
DATE RECEIVED IN FIRE SAFETY:

Telephone #: (585) 256-5980

Owner Name: Albert Deblieck
Owner Address: 274 N GOODMAN ST
Owner Phone: (585) 256 5980

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
2/1/08							X		X	Palin,

Lake Shore - oven Hood

	Y	N
Sprinkler System	X	
Alarm Permit	X	
Cooking Hood		X
Fire Alarm System	X	
Standpipe System		X
Cooking System	X	
Bars/Wires on Windows		X
Lock Box		X
Posted Occupancy	160	

Permit# _____

Local (Central) (circle one)

APPROVED
FIRE SAFETY DIVISION

John Palin

Fire Marshal

INSPECTION REPORT PERMIT MONTH: MARCH 20

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 04 OWNER: SALENA'S MEXICAN RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ALBERT DEBLIECK PHONE NO: 2565980 APPOINTMENT:(Y/N) ___
JASON EDWARDS - 478-2584

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16	70	03042	OVEN OR KILN OPERATION INDUST/COMM

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: 2/1/08 SIGNATURE: [signature]

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

3H 72 JOHN

FIRE SAFETY INSPECTION RECORD

☑ LICENSE ☒ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted: Telephone #:

1-3-08
DATE RECEIVED IN FIRE SAFETY:

Ricky Sands. 5440009
195 WIMBLEDON RD
ROCHESTER N.Y. 14617

Michelle Zingo - 5307139

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
1/4/08			1					Fire Extinguisher Out Dated.	X	J Palmer
								Replaced with (NEW)		

☑ APPROVED
RL 1-4-08

Y N
☐ ☒ SPRINKLER SYSTEM
☐ ☒ COOKING HOOD SYSTEM
☐ ☒ FIRE ALARM SYSTEM
☐ ☒ STANDPIPE SYSTEM
☐ ☒ COOKING SYSTEM
☐ ☒ BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION The Building only

FIRE MARSHAL

CLS1080

Date Printed: January 2, 2008

City of Rochester
City Code License - Second Hand Dealer
For Application#: 72

Current Status/Date: **12/31/2007 P - Pending**

Applic. Date: **12/31/2007** Issue Date: Start Date: **01/01/2008** Expiration Date: **12/31/2008**

General Comments:

License Fee: **$150.00** ***** RENEWAL LICENSE ***** Last Chgd: **01/02/2008 lovellr**

Applicant: **Ricky Sands** Residence: **195 Wimbledon Rd**

DOB: **06/20/1934** Home Phone: **(585) 544-0009** City, State, Zip: **Rochester, NY 14617**

Business Name: **Ricky's Place** Business Phone **(585) 442-0042**

Business Name:

Activity: **new & secondhand jewelry and clothes**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **No**

Zoning Approval CZC#: **1010108** Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **12/31/2007** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **12/31/2007** Reviewer:

Activity Code: **2**

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **01/02/2008** Reviewer: **palermoj** John Palmo

Occupancy: Cart Inspection Date: Approved: 1-4-08 **No**

Comments: ☑ APPROVED

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: / Reviewer:

Comments:

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VILLAGE GATE
C/O GARY STERN
320 GOODMAN ST.
ROCH-NY 14607

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature]

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*: Caleb Tice

C. Date of Delivery: 8/6/07

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 0390 0002 4728 5158

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) 428-7037

COMPANY R11

INSPECTION # 07-06022

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

BUSINESS NAME YANKEE CLIPPER CARDS PHONE
BUSINESS OWNER THOMAS CAUKINS
ADDRESS 274 N GOODMAN ST B125 ROCHESTER NY14607
PHONE 442 5700
BUSINESS EMERGENCY THOMAS CAUKINS
ADDRESS 5125 WILLIAMSON RD 315MARION NY14505
PHONE 589 8425

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	R11	3	3	11/09/07

BUS/PROP REPRESENTATIVE	POSITION / TITLE	DATE OF REINSPECTION
Thomas A. Caukins Jr		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

3-31

COMPANY R11

INSPECTION # 07-06020

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	521	2	2

NO ENTRY DATES:

BUSINESS NAME RICKY'S PLACE
BUSINESS OWNER RICKY SANDS
ADDRESS B116 ROCHESTER NY14607
PHONE 442 0042

BUSINESS EMERGENCY RICKY SANDS
ADDRESS 195 WIMBLEDON RD ROCHESTER NY14617
PHONE 544 0009

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
H. S. MURRAY	R11	3	3	11/09/07
BUS/PROP REPRESENTATIVE: Michelle Finger	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

3-27

COMPANY R11

INSPECTION # 07-06015

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	189	2	2

NO ENTRY DATES:

BUSINESS NAME AREA ARTISTS INC — PHONE
BUSINESS OWNER JEFF
ADDRESS — PHONE 756 2884
BUSINESS EMERGENCY ADDRESS — PHONE

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D
	TENANT NO LONGER OCCUPYING
	SPACE DWELLING, MOVED TO NEW
	LOCATION

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	R11	3	3	11/09/07

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 07-06021

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN
ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME WOSA'S FINE WIGS, BRAIDS PHONE
BUSINESS OWNER WOSA PAASEWE
ADDRESS 274 N GOODMAN ST B131 ROCHESTER NY14607
PHONE ~~370 1912~~ 271-9672
BUSINESS EMERGENCY WOSA PAASEWE
ADDRESS ~~40 TERRACE PK~~ 26 Castleman Rd ROCHESTER NY146~~19~~ 20
PHONE 436 4068

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
D. S. MURRAY	R11	3	3	11/09/07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 07-05698

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME 230-B — PHONE
BUSINESS OWNER
ADDRESS — PHONE
BUSINESS EMERGENCY
ADDRESS — PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	230 B DOES NOT EXIST				
	RENOVATIONS MADE TO FLOOR				
	AREA				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: Lt Scott Wagner	COMPANY Q9	DISTRICT 3	GROUP 4	DATE 11/8/07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

City of Rochester

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

September 7, 2007

Lento Restaurant
274 N. Goodman St
Rochester, New York 14607

Re: 274 N Goodman St. - Lento Restaurant

Dear Property Owner:

Accompanying this letter are your occupancy signs for the above mentioned address. The number on the sign **200** is the maximum allowable occupancy in the establishment at one time.

It is your responsibility to maintain the signs, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance ticket shall be issued and subsequent fines collected. If a sign is missing a fee of $25.00 will be accessed to replace it.

If you have any questions, please contact the Fire Marshal at 428-7037.

Sincerely,

Joel N. Smith, AIA
Manager of Plan Review & Bldg. Inspections

JNS/jpl

xc: City Fire Marshal
Occupancy File

EEO Employer/Handicapped

OCCUPANCY BY MORE THAN 200 PERSONS IS DANGEROUS AND UNLAWFUL

City of Rochester, New York

J. LINARES
INSPECTOR
SEPT. 2007
SIGN PLACEMENT DATE

274 N. GOODMAN ST.
'LENTO' RESTAURANT/BAR

200 PERSONS
(HISTORICAL RECORD - NO CHANGE)

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 07-05693

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME GARY I. STERN
ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN
ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	2	2

NO ENTRY DATES: 7/3

BUSINESS NAME RAINBOW PRODUCTIONS A-208 PHONE
BUSINESS OWNER RAINBOW PRODUCTIONS
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE 473 1110
BUSINESS EMERGENCY JAY
ADDRESS
PHONE 473 1110

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. Scott Fobland	Q-9	3	4	8-21-07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 07-05684

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME

ADDRESS

PHONE

CITY STATE ZIP

EMERGENCY CONTACT

ADDRESS

PHONE 000-0000

CITY STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME ~~[illegible]~~ OUTLANDISH VIDEOS PHONE 585 7608383

BUSINESS OWNER RICH SCHROEDEL

ADDRESS 21 TIMBERLE DR ROCH NY 14622

B129

BUSINESS EMERGENCY RUSS SHANER PHONE 721-2856

ADDRESS C/O ROCH REQUA ST 14621 PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
94 Scott Wyman	Q9	3	4	8/21/07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 07-05690

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES: 7-3-07

BUSINESS NAME MOTION CONTROL TECHNOLOGY PHONE
BUSINESS OWNER JOHN SAPORITO
ADDRESS 274 N GOODMAN ST B-264 ROCHESTER NY14607
PHONE 461 2110
BUSINESS EMERGENCY JOHN SAPORITO (C)370-7701
ADDRESS 1650 STRONG RD VICTOR NY14564
PHONE 742 1649

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	VACANT				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
H Scott Wagner	Q9	3	4	8/21/07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 07-05694

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME GARY I. STERN
ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN
ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	53	539	2	2

NO ENTRY DATES: 8-21-07

BUSINESS NAME TABLE TOPPERS OF ROCHESTE PHONE
BUSINESS OWNER TABLE TOPPERS OF ROCHESTER
ADDRESS 274 N GOODMAN ST D-104 ROCHESTER NY14607
PHONE 271 2470
BUSINESS EMERGENCY CHANTIZA STERN 615-4088
ADDRESS
PHONE 461 2239

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: H Scott Wymond	COMPANY 09	DISTRICT 3	GROUP 4	DATE 8/22/07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION 8/22/07
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) 428-7037

COMPANY Q09

INSPECTION # 07-05689

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME GARY I. STERN ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	152	2	2

NO ENTRY DATES:

BUSINESS NAME MINERVA DESIGN PHONE
BUSINESS OWNER MINERVA DESIGN
ADDRESS 274 N GOODMAN ST A-403 ROCHESTER NY14607
PHONE 585-442-8802
BUSINESS EMERGENCY ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. Scott J. Erbland	Q-9	3	4	8-21-07
BUS/PROP REPRESENTATIVE: X	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 07-05688

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME GARY I. STERN
ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN
ADDRESS 40 EVANDALE ST PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES: 7-3 2:00

BUSINESS NAME MEME-HILL FUNCTIONAL ART PHONE
BUSINESS OWNER MEME-HILL FUNCTIONAL ART
ADDRESS 274 N GOODMAN ST B-136 ROCHESTER NY14607
PHONE 721 4240
BUSINESS EMERGENCY AMIE FRELING
ADDRESS 300 ALPINE DR ROCHESTER NY14618
PHONE 218 4319

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Scott Wigmore	Q9	3	4	8/21/07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) 428-7037

327

COMPANY R11

INSPECTION # 07-06016

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY
ADDRESS 274 N GOODMAN ST
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN
ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	534	2	2

NO ENTRY DATES:

BUSINESS NAME BOP SHOP RECORD STORE THE PHONE
BUSINESS OWNER THOMAS KOHN
ADDRESS B123 ROCHESTER NY14607
PHONE 271 3354
BUSINESS EMERGENCY THOMAS KOHN
ADDRESS 865 WHALEN RD PENFIELD NY14526
PHONE 381 3816

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
B 123	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
	R-11	3	3	07/26/07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

3-28

COMPANY R11

INSPECTION # 07-06017

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME CALIFORNIA ROLLIN SUSHI B PHONE

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY

ADDRESS

PHONE

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
B level	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☒ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: [signature]	COMPANY R-11	DISTRICT 3	GROUP 3	DATE 07/26/07
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

CITY OF ROCHESTER, NEW YORK
APPLICATION FOR PERMIT

BLDG APRV
437

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUREAU OF BUILDINGS AND ZONING
ROOM: 121-B TELEPHONE: 428-6526
30 CHURCH ST. CITY HALL

WORK LOCATION:	0274 N GOODMAN ST		**DATE:** 07/19/07
OWNER NAME:	GARY I & MARCIA STER	585 442-9061	
CONTRACTOR NAME:	OWNER	585 442-9061	
ARCH./ENG. NAME:	PATRICIA M HINCKLEY	585 323-1988	**APPLICATION NUMBER:**
APPLICANT NAME:	PATRICIA M HINCKLEY	585 323-1988	
APPLICANT ADDRESS:	174 PLEASANT AV ROCHESTER NY 14622		1074916

PERMIT DESCRIPTION:

INTERIOR ALTERATIONS TO EXISTING RESTAURANT FOR NEW TENANT

CERTIFICATE OF OCCUPANCY:

CZC SUBJECT TO:

PROPOSED WORK: ALTERATION

CONSTRUCTION TYPE: FIRE RESISTIVE

APPROVALS:

Spc Pmt	
CZC	0000000
Zon Dist.	
P/L	
HTD	
C of A	
Var	
Site pl	

COST ESTIMATE:
EXCLUDE electrical & plumbing work
INCLUDE heating air conditioning etc

$ 1

OCCUPANCY OR USE:

PRESENT USE: DINING & DRINKING

Proposed use: DINING & DRINKING

PERMIT FEE:

Base pmt fee	0.00
Penalty fee	0.00
Stop work fee	0.00
TOTAL	0.00

CERTIFICATION: I am the owner/contractor/architect/engineer/or owners agent authorized to make this application

Applicants Signature _____ **Date** _____

APPROVALS:

Zoning	Date
Fire Safety	Date 7-24-07
Plumbing	Date
D.E.S	Date
Housing & Project Development	Date
Property Conservation	Date
Buildings	Date

for Commisioner of Community Development

FEE PAID

INSURANCE:
OPEN CASE: 000000
 # OF PLANS: 2

PERMITB PS

FIRE SAFETY INSPECTION RECORD
E-C 114

LOCATION: 274 Goodman St N.

Person contacted: Bob Ki's Cafe + Lounge

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

7-19-07

DATE RECEIVED IN FIRE SAFETY:

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
7-19-07									X	[illegible]

	Y	N
Sprinkler System		
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy	[illegible]	

Permit# _____

Local Central (circle one)

APPROVED
7-19-07

APPROVED
FIRE SAFETY DIVISION

_____
Fire Marshal

CLS1080

Date Printed: July 19, 2007

City of Rochester
City Code License - Entertainment Center
For Application#: 114

Current Status/Date: **07/18/2007 P - Pending**

Applic. Date: **07/18/2007** Issue Date: Start Date: **02/01/2007** Expiration Date: **01/31/2008**

General Comments:

License Fee: **$325.00** ***** NEW LICENSE ***** Last Chgd: **07/19/2007 lilld**

Applicant: **ANDREW LEDERMAN** Residence: **222 CULVER RD #4**

DOB: **06/04/1968** Home Phone: **(585) 278-8694** City, State, Zip: **ROCHESTER NEW YORK 14607**

Business Name: **BODHI'S CAFE & LOUNGE** Business Phone **(585) 423-2030**

Business Name:

Activity: **FOOD SERVICE**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: **1071129** Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **A** / **07/18/2007** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date: **07/18/2007**

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **P** / **07/19/2007** Reviewer: **dangelol**

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **07/19/2007** Reviewer: **alicatas**

Occupancy: **0** Cart Inspection Date: Approved: **No**

Comments: 7/19/07

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **07/18/2007** Reviewer:

Comments:

FIRE SAFETY INSPECTION RECORD

LOCATION: 274 GOODMAN ST N
STERN REALTY & MANAGEMENT CO

Person contacted:

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT REFERRAL ☐ SPECIAL

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
9/11/07								Remove extension cords used in place of permanent wiring		

	Y	N
Sprinkler System	✓	
Alarm Permit		✓
Cooking Hood		✓
Fire Alarm System	✓	
Standpipe System		✓
Cooking System		✓
Bars/Wires on Windows		✓
Lock Box		✓
Posted Occupancy		

Permit# _____

Local **Central** (circle one)

APPROVED
FIRE SAFETY DIVISION

Fire Marshal

INSPECTION REPORT PERMIT MONTH: MAY 20

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: 4429061 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	70	05048	ACETYLENE/FLAMMABLE GAS USAGE

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: 4/11/07 SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 07-05696

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME

ADDRESS

PHONE

CITY

STATE

ZIP

EMERGENCY CONTACT GARY I STERN

ADDRESS 38 TOBEY BROOK ~~40 EVANDALE RD~~

PHONE 2028655 ~~461-9867~~

CITY ROCHESTER PITTSFORD STATE NY ZIP 14534 ~~14618~~

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	58	585	2	2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

BUSINESS NAME VILLAGE GATE SQUARE PHONE

BUSINESS OWNER GARY STERN

ADDRESS A 201

PHONE

BUSINESS EMERGENCY ADDRESS

PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Lt Scott Wynne	COMPANY Qm4	DISTRICT 3	GROUP 4	DATE 7/3/07
BUS/PROP REPRESENTATIVE: Gina A. Grapani	POSITION / TITLE Admin. Ast.			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 07-05681

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME GARY I. STERN
ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN
ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	1	2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

BUSINESS NAME AUDOSCIENCE PHONE
BUSINESS OWNER AUDOSCIENCE B 260A
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE 271 8870
BUSINESS EMERGENCY ANDREW ELDER, PHD - 224 8541
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE ~~271 8870~~

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: FF [signature]	COMPANY 9	DISTRICT 3	GROUP 4	DATE 7-3-2007
BUS/PROP REPRESENTATIVE: A. S. Elder	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION
185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 04/30/07

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

08-05043	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 70

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

08-05043	PERMIT NUMBER
04/30/07	INVOICE DATE
05/30/07	DUE DATE
$ 70	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

MAY 21 2007

FD513

fdpmt1

THIS PERMIT EXPIRES 05/31/08

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

08-05043	PERMIT NUMBER
04/30/07	INVOICE DATE
05/30/07	DUE DATE
$ 70	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 04/10/07

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

EVOLUTION IMPRESSIONS INC
274 GOODMAN ST N

08-04045	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 90

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

08-04045	PERMIT NUMBER
04/10/07	INVOICE DATE
05/10/07	DUE DATE
$ 160	AMOUNT DUE

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

MAY 10 2007
RC

FD513

fdpmt1

THIS PERMIT EXPIRES 04/30/08

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

08-04045	PERMIT NUMBER
04/10/07	INVOICE DATE
05/10/07	DUE DATE
$ 160	AMOUNT DUE

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q09

INSPECTION # 07-05695

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME

ADDRESS

PHONE

CITY STATE ZIP

EMERGENCY CONTACT GARY I. STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	2	2

NO ENTRY DATES:

BUSINESS NAME TELECOMMUNICATIONS BANK PHONE

BUSINESS OWNER TELECOMMUNICATIONS BANK

ADDRESS 274 N GOODMAN ST ~~A205~~ A204 ROCHESTER NY14607

BUSINESS EMERGENCY PERRY BANKS PHONE

ADDRESS 552 CLAY AV ROCHESTER NY14613

Cell 747-5733 PHONE 647 1784

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F. F. Scott Erbland				
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) 428-7037

BUILDING INSPECTION / COMPLAINT FORM

COMPANY QM4 INSPECTION # 07-11538

ADDRESS FROM / TO 274 N Goodman St TAX ACCT #

PROPERTY OWNER GARY I. & MARCIA STERN ADDRESS 274 N. GOODMAN ST. PHONE

CITY ROCHESTER, STATE N.Y. ZIP 14607

MAILING NAME ADDRESS PHONE

CITY STATE ZIP

EMERGENCY CONTACT ADDRESS PHONE

CITY STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE 59	SPECIFIC PROPERTY USE 758	STRUCTURE TYPE L P	STRUCTURE STATUS R

NO ENTRY DATES:

BUSINESS NAME Evolution Impressions PHONE (585) 473-6600.

BUSINESS OWNER

ADDRESS PHONE

BUSINESS EMERGENCY

ADDRESS PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☑ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY F/S	DISTRICT	GROUP	DATE 3/23/07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE 3/23/07

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 GOODMAN ST N
Person contacted: EVOLUTION IMPRESSIONS INC

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
3/26/07									X	

	Y	N
Sprinkler System	✓	
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy		

Permit# _____

Local **Central** (circle one)

APPROVED
FIRE SAFETY DIVISION

AL Richards

Fire Marshal

INSPECTION REPORT PERMIT MONTH: APRIL 20

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 02 OWNER: EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ROSS THIBAULT PHONE NO: 4736600 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10C	70	04051	FLAM/COMB LQD CLS I,II,III
5412B17	90		CMBSTBL MAT'L STRGE-OVER 2500 CU FT

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: _____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY GW 4
ADDRESS

INSPECTION # 07-11538

FROM / TO 274 N Goodman St
TAX ACCT #

PROPERTY OWNER
ADDRESS
PHONE
CITY
STATE
ZIP

MAILING NAME
ADDRESS
PHONE
CITY
STATE
ZIP

EMERGENCY CONTACT
ADDRESS
PHONE
CITY
STATE
ZIP

NFPA 901 CODES	GENERAL PROPERTY USE 59	SPECIFIC PROPERTY USE 758	STRUCTURE TYPE 1 P	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME Evolution Impressions PHONE (585) 473-6600
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: [signature]	COMPANY F/S	DISTRICT	GROUP	DATE 3/23/07
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: [signature]				DATE 3/23/7

RFD 501 REV. 03/03

COPY TO FIRE COMPANY

Fire Safety Division
Fire Department

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

4/11/07

COMPANY FIRE SAFETY

INSPECTION # 07-11634

ADDRESS 274 N. GOODMAN ST-

FROM / TO

TAX ACCT #

PROPERTY OWNER STERN REALTY + MGT. CO

ADDRESS 274 N. GOODMAN ST.

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME

ADDRESS

PHONE

CITY STATE ZIP

EMERGENCY CONTACT GARY STERN
DARRYL ROSTER
SUSIE FAME

ADDRESS

PHONE 202-8655
202-8706

CITY STATE ZIP 503-2290

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	53	585	1	2

NO ENTRY DATES:

BUSINESS NAME VILLAGE GATE PHONE 442-9061

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY

ADDRESS

PHONE

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO PROPERTY OWNER

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q04

INSPECTION # 07-11382

ADDRESS 274 GOODMAN ST N

FROM / TO

TAX ACCT #

PROPERTY OWNER GARY I. STERN

ADDRESS 274 N. GOODMAN ST. PHONE

CITY STATE ZIP 14607

MAILING NAME SALENA'S MEXICAN RESTAURANT

ADDRESS 274 N GOODMAN ST PHONE 256-5980

CITY STATE ZIP

EMERGENCY CONTACT ALBERT DEBLIECK

ADDRESS 70 QUINTIN RD PHONE 750-0750

CITY ROCHESTER STATE NY ZIP 14609

NFPA 901 CODES	GENERAL PROPERTY USE 59	SPECIFIC PROPERTY USE 161	STRUCTURE TYPE P	STRUCTURE STATUS 4

NO ENTRY DATES:

BUSINESS NAME SALENA'S MEXICAN REST PHONE 256-5980
BUSINESS OWNER ALBERT DEBLIECK
ADDRESS 70 QUINTIN RD
PHONE 750-0750.
BUSINESS EMERGENCY PAUL DEBLIECK
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: John Palmer				DATE 1-23-07

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☒ EAST
☒ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 GOODMAN ST N

Person contacted: SALENA'S MEXICAN RESTAURANT

Telephone #: (585) 256-5980

Owner Name: ALBERT DEBLIECK
Owner Address: 70 QUENTIN RD
Owner Phone: ROCH, NY 14609
(585) 750-0750

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
1-23-07							X		X	J Palm.

call. Juan.

	Y	N
Sprinkler System		X
Alarm Permit		
Cooking Hood	X	
Fire Alarm System	X	
Standpipe System		X
Cooking System	X	
Bars/Wires on Windows		X
Lock Box		X
Posted Occupancy	—	

Permit# _____

Local **Central** (circle one)

APPROVED
FIRE SAFETY DIVISION

John Palm.
Fire Marshal

INSPECTION REPORT PERMIT MONTH: MARCH 20

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 04 OWNER: SALENA'S MEXICAN RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ALBERT DEBLIECK PHONE NO: 2565980 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16	70	03046	OVEN OR KILN OPERATION INDUST/COMM

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: 1-23-07 SIGNATURE: John Palm.

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Q04
INSPECTION # 07-11382
ADDRESS 274 GOODMAN ST N
FROM / TO
TAX ACCT #
PROPERTY OWNER
ADDRESS
PHONE
CITY
STATE
ZIP
MAILING NAME SALENA'S MEXICAN RESTAURANT
ADDRESS 274 N GOODMAN ST
PHONE 256-5980
CITY
STATE
ZIP
EMERGENCY CONTACT ALBERT DEBLIECIK
ADDRESS 70 QUINTIN RD
PHONE 750-0750
CITY ROCHESTER
STATE NY
ZIP 14609

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	161	B	2

NO ENTRY DATES:

BUSINESS NAME SALENA'S MEXICAN REST PHONE 256-5980
BUSINESS OWNER ALBERT DEBLIECIK
ADDRESS 70 QUINTIN RD
PHONE 750-0750.
BUSINESS EMERGENCY PAUL DEBLIECIK
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: Jack Palmer				DATE 1-23-07

RFD 501 REV. 03/03

COPY TO FIRE COMPANY

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

442-9061

LOCATION: 274 GOODMAN ST N
Person contacted: FETA CHINNI

Business 254-3382
Telephone #: C - 309.7327
H - 247-7195
Owner Name: Lou Rico
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
								Called on 1-26-07		
								" " 1-29-07		
								" " 2-1-07		
								" " 2-2-07		
								" " 2-5-07		
								" " 2-7-07		
								" " 2-9-07		
								" " 2-14-07		
								" " 2-15-07		
								NO LONGER DOING		
								BUSINESS		

	Y	N
Sprinkler System		
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy		

OWNERS -
GARY I. & MARCIA STERN
38 TOBEY BROOK
PITTSFORD, N.Y. 14534
264-9932

Permit# _____

Local **Central** (circle one)

APPROVED
FIRE SAFETY DIVISION

_____
Fire Marshal

INSPECTION REPORT PERMIT MONTH: MARCH 20

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 03 OWNER: FETA CHINNI
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: VAN ZISSIS PHONE NO: 7278013 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16	70	03045	OVEN OR KILN OPERATION INDUST/COMM

OUT OF BUSINESS

VOID

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: _____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD:_____ _____

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
7/25/07	5:00		x

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	x			

LOCATION OF SYSTEM CYLINDERS: on wall left side of exhaust hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Range Guard	RG-46	x	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
4 Gallon		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	2		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
x		x	3/4"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1999	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name California Rollins

Address Village Cinta Plaza

City Rochester NY, 14607

Telephone 271-8990 Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

15" Fryer	6 burner range		

1. All appliances properly covered w/correct nozzles — Yes
2. Duct and plenum covered w/correct nozzles — Yes
3. Check positioning of all nozzles. — Yes
4. System installed in accordance w/MFG UL listing — Yes
5. Hood/duct penetrations sealed w/weld or UL device — Yes
6. Check if seals intact, evidence of tampering — Yes/No
7. If system has been discharged, report same — NA
8. Pressure gauge in proper range (If gauged) — 175 psi
9. Check cartridge weight (If applicable) — 16 g
10. Hydrostatic test date — 1999
11. 6 year maintenance date — NA
12. Inspect cylinder and mount — Yes
13. Operate system from terminal link — Yes
14. Test for proper operation from remote — Yes
15. Check operation of micro switch — NA
16. Check operation of gas valve — Yes
17. Clean nozzles — Yes
18. Proper nozzle covers in place — Yes
19. Check fuse links and clean — Yes
20. Replaced fuse links — 2007
21. Check travel of cable nuts/S-hooks — Yes
22. Piping & conduit securely bracketed — Yes
23. Proper separation between fryers & flame — Yes
24. Proper clearance-flame to filters — Yes
25. Exhaust fan in operating order — Yes
26. All filters replaced — NA
27. Fuel shut-off in on position — Yes
28. Manual & remote set/seals in place — Yes
29. Replace systems covers — NA
30. System operational & seals in place — Yes
31. Slave system operational — Yes
32. Clean cylinder & mount — Yes
33. Fan warning sign on hood — Yes
34. Personnel instructed in manual operation of system — Yes
35. Proper hand portable extinguishers has K-2 — Yes
36. Portable extinguishers properly serviced — Yes
37. Service & Certification tag on system — Yes

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS: _____

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT
x Eugene J Rattan	Eoora	7/25/07				[signature]

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
1/19/07	1:45		x

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	x			

LOCATION OF SYSTEM CYLINDERS: on wall left side of exhaust hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Ranchward	RG-4G	x	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
4 Gallon		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	2		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
x		x	3/4"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1999 (meets u.h. 300)	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name California Rollins

Address 274 N. Goodman

City Rochester NY, 14607

Telephone 585) 271-8990 Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

15" Fryer	6 burner range		

1. All appliances properly covered w/correct nozzles — Yes
2. Duct and plenum covered w/correct nozzles — Yes
3. Check positioning of all nozzles. — Yes
4. System installed in accordance w/MFG UL listing — Yes
5. Hood/duct penetrations sealed w/weld or UL device — Yes
6. Check if seals intact, evidence of tampering — Yes/No
7. If system has been discharged, report same — NA
8. Pressure gauge in proper range (If gauged) — 175 psi
9. Check cartridge weight (If applicable) — 16 g
10. Hydrostatic test date — 1999
11. 6 year maintenance date — NA
12. Inspect cylinder and mount — Yes
13. Operate system from terminal link — Yes
14. Test for proper operation from remote — Yes
15. Check operation of micro switch — NA
16. Check operation of gas valve — Yes
17. Clean nozzles — Yes
18. Proper nozzle covers in place — Yes
19. Check fuse links and clean — Yes
20. Replaced fuse links —
21. Check travel of cable nuts/S-hooks — Yes
22. Piping & conduit securely bracketed — Yes
23. Proper separation between fryers & flame — Yes
24. Proper clearance-flame to filters — Yes
25. Exhaust fan in operating order — Yes
26. All filters replaced — Yes
27. Fuel shut-off in on position — Yes
28. Manual & remote set/seals in place — Yes
29. Replace systems covers — Yes
30. System operational & seals in place — Yes
31. Slave system operational — NA
32. Clean cylinder & mount — Yes
33. Fan warning sign on hood — Yes
34. Personnel instructed in manual operation of system — Yes
35. Proper hand portable extinguishers K-1 — Yes
36. Portable extinguishers properly serviced — Yes
37. Service & Certification tag on system — Yes

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS: _____

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT
x [signature]	EC0201	1/19/06	2:10		x	[signature]

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

FIRE SAFETY INSPECTION RECORD
SH-9

LOCATION: 274 N. GOODMAN ST.

Person contacted:

☐ LICENSE ☐ EAST RICHARDS
☐ PERMIT ☐ WEST
☐ COMPLAINT REFERRAL ☐ SPECIAL

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
12/5/06									X	

	Y	N
Sprinkler System		
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy		

Permit# _____

Local **Central** (circle one)

APPROVED
A.C.P.S

APPROVED
FIRE SAFETY DIVISION

_____
Fire Marshal

CLS1080

Date Printed: November 29, 200

City of Rochester
City Code License - Second Hand Dealer
For Application#: 9

Current Status/Date: **11/28/2006 P - Pending**

Applic. Date: **11/28/2006** Issue Date: Start Date: **01/01/2007** Expiration Date: **12/31/2007**

General Comments:

License Fee: **$150.00** ***** RENEWAL LICENSE ***** Last Chgd: **11/29/2006 skellyp**

Applicant: **Ricky Sands** Residence: **195 Wimbledon Rd**

DOB: **06/20/1934** Home Phone: **(585) 544-0009** City, State, Zip: **Rochester, NY 14617**

Business Name: **Ricky's Place** Business Phone **(585) 442-0042**

Business Name:

Activity: **new & secondhand jewelry and clothes**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **No**

Zoning Approval CZC#: **1010108** Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **11/28/2006** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **11/28/2006** Reviewer:

Activity Code: **2**

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **11/29/2006** Reviewer: **richarda** AR

Occupancy: Cart Inspection Date: Approved: **No**

Comments: 12/5/06

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: / Reviewer:

Comments:

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

GARY STERN
NAME

Date 11-13-06

274 N. GOODMAN ST
ADDRESS

ROCHESTER, NY 14607
CITY, STATE, ZIP

Inspection of the premises located at 274 N. GOODMAN ST. VILLAGE GATE reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

NYS-FC 906.1 NO PORTABLE FIRE EXTINGUISHERS.

NYS-FC 1003.2.10 EXIT SIGNS ARE MISSING

Received by: _____ NAME _____ TITLE _____ DATE

By Order of
Fire Marshal

Fire Marshal R. Paul Skelly

DATE OF COMPLIANCE 12-7-06

Fire Marshal R. Paul Skelly

FD 506

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. Goodman St

Person contacted: Telephone #:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	Bohdi's cafe NOTES	OK TO FILE	INSPECTOR
10/4/06								ok	X	[illegible]

Y N
☐ ☐ SPRINKLER SYSTEM
☐ ☐ COOKING HOOD SYSTEM
☐ ☐ FIRE ALARM SYSTEM
☐ ☐ STANDPIPE SYSTEM
☐ ☐ COOKING SYSTEM
☐ ☐ BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION

FIRE MARSHAL

City of Rochester

Rochester, NY
All-America City
1998

(585) 428-6739
(585) 428-6785 FAX

Fire Safety Division
Fire Department

185 Exchange Blvd., Room 665
Rochester, New York 14614-1283

DATE: 10/4/06

Bohdi's cafe.
274 N. Goodman St suite 120
Rochester, N.Y 14607

To Whom It May Concern:

As of this date, the Rochester Fire Department inspected the premises known as:
Bohdi's Cafe

located at:
274 N. Goodman St.

No violations were noted.

Sincerely,

ALBERT P. Richards

Code Enforcement Officer
(585) 428-7037
428-3685-off

EEO/ADA Employer

SHIELD ALARM SYSTEMS, INC.
967 FIVE MILE LINE ROAD
WEBSTER, NY 14580-2527
PHONE 671-0996 FAX 787-1556

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION	PROPERTY NAME (User)
Name: SHIELD ALARM SYS, INC.	Name: BOHDI'S CAFE
Addr: 967 FIVE MILE LINE ROAD	Addr: 274 N. GOODMAN ST UNIT 120
City, State: WEBSTER, NY	City, State: ROCK NY
Representative: GARY J BLASCHEK	Owner Contact: GARY STERN
License #: 12000202607	Telephone:
Telephone: 671-0996	

MONITORING ENTITY	APPROVING AGENCY
Contact: EMERGENCY 24	Contact:
Telephone: 1-800-877-3624	Telephone: NY
Monitoring Account Ref. No.: 4D-1151	

	TYPE TRANSMISION		SERVICE
	McCulloh		Weekly
	Multiplex		Monthly
✓	Digital		Quarterly
	Reverse Priority		Semi-Annually
	Radio Frequency	X	Annually
	Other (specify)		Other (specify)

PANEL MANUFACTURER: SIMPLEX
Circuit Styles: H+B
Model #: 2100
Software Rev.: DY
Number of Circuits: 8
Last software or configuration revision:
Last system service performed: 2005

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QTY	CIRCUIT STYLE		SPECIAL TESTING INFORMATION
1	B	MANUAL STATIONS	
—	—	ION DETECTORS	
—	—	PHOTO DETECTORS	
—	—	DUCT DETECTORS	
—	—	HEAT DETECTORS	
—	—	WATERFLOW SWITCHES	
—	—	SUPERVISORY SWITCHES	
		OTHER:	

ALARM INDICATING DEVICES AND CIRCUIT INFORMATION

QTY	CIRCUIT STYLE		SPECIAL TESTING INFOMATION
—	—	BELLS	
1	B	HORNS / STROBES	
2	B	CHIMES	
		STROBES	
		SPEAKERS	
		OTHER:	
3	TOTAL NUMBER OF ALARM INDICATING CIRCUITS	✓ YES	NO ARE CIRCUITS SUPERVISED?

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY	CIRCUIT STYLE		COMMENTS
		Building Temp.	
		Site Water Temp.	
		Site Water Level	
		Fire Pump Power	
		Fire Pump Running	
		Fire Pump Auto Position	
		Fire Pump or Pump Controller Trouble	
N/A		Generator Running	
		Generator in Auto Position	
		Generator or Generator Controller TBL	
		Switch Transfer	
		Other:	

SIGNALING LINE CIRCUITS See NFPA 72 table 3-6.1 QTY: N/A Style(s): _____

SYSTEM POWER SUPPLIES

a) Primary (Main): Nominal Voltage 120 Amps 15
Overcurrent Protection: Type CB Amps 15
Location (Panel Number) 2 Circuit Number 2
Disconnecting (Means) Location: CB

b) Secondary (Standby):
GEL CELL Storage Battery: Amp-hr rating 7 Amp
Calculated capacity to operate system, in hours: ✓ 24 ___ 60
N/A Engine-driven generator dedicated to fire alarm system:
Location of fuel storage: N/A
Type Battery ___ Dry Cell ___ Nickel Cadmium ___ Sealed Lead-Acid ___ Lead-Acid
✓ Other (specify): GEL CELL

c) Emergency or Standby system used as a backup to primary power supply, instead of using a secondary power supply:
___ Emergency system described in NFPA 70, Article 700
___ Legally required standby described in NFPA 70, Article 701
N/A Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY AND ALL TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
Monitoring Entity	✓		CM-24	1700
Building Occupants	✓		WORKERS	1700
Building Management	✓		GARY STERN	1700
Other (specify)				
AHJ (Notified) of any impairments				

SYSTEM TEST AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	✓	✓	
Interface Equip.	—	—	
Lamps/LEDs	✓	✓	
Fuses	✓	✓	
Primary Power Supply	✓	✓	
Disconnect Switches	✓	✓	
Ground Fault Monitoring	✓	✓	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	✓		
Load Voltage		25.2	
Discharge Test		23.9	
Charge Test		25.7	
Specific Gravity		—	
Transient Suppressors	—		
Remote Annunciators	—	—	
Notification Appliances			
Audible	✓	✓	
Visual	✓	✓	
Speakers	—	—	
Voice Clarity		—	

INITIATING AND SUPERVISORY DEVICE TEST AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
1	Pull	✓	✓	✓	—	—	✓	

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set			
Phone Jacks			
Off-Hook Indicator			
Amplifier(s)	N/A		
Tone Generator(s)			
Call in Signal			
System Performance			

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
N/A			
SPECIAL HAZARD SYSTEMS			
N/A			

SPECIAL PROCEDURES:

N/A

COMMENTS:

ON/OFF PREMISES MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	✓		1715	
Alarm Restoral	✓		1715	
Trouble Signal	✓		1720	
Trouble Restoral	✓		1720	
Supervisory Signal	✓		1722	
Supervisory Restoral	✓		1722	

NOTIFICATIONS THAT TESTING IS COMPLETE

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
Monitoring Entity	✓		Em-24	1740
Building Occupants	✓		Workers	1740
Building Management	✓		Gary STERN	1740
Other (specify)				
AHJ (Notified) of any impairments				

The following did not operate correctly: N/A

Who was notified of the above indicated operation problem:

____ AHJ his/her Name: ____
____ Owner his/her Name: ____
____ Building Engineer his/her Name: ____
____ Service Company Supervisor his/her Name: ____
____ Other his/her Name: ____
Title: ____

SYSTEM RESTORED TO NORMAL OPERATION:

Date 9/8/06 Time: 1740 By: Gary J Blascher

Signature: Gary J Blascher

This testing was performed in accordance with applicable NFPA Standards.

Print Name of Inspector: Gary J Blascher Date: 9/8/06

Signature of Inspector: Gary J Blascher Time: 1740

Name of Owner or Representative: ____ Date: ____

Signature of Owner or Rep.: ____ Time: ____

UNIQUE ID NUMBER
12000202607

State of New York
Department of State
DIVISION OF LICENSING SERVICES

FOR OFFICE USE ONLY
Control No. 25788

EFFECTIVE DATE
MO. 10 DAY 18 YR. 05

EXPIRATION DATE
MO. 10 DAY 17 YR. 07

PURSUANT TO THE PROVISIONS OF ARTICLE 6D OF THE GENERAL BUSINESS LAW AS IT RELATES TO THE BUSINESS OF INSTALLING, SERVICING, OR MAINTAINING SECURITY OR FIRE ALARM SYSTEMS

SHIELD ALARM SYSTEMS INC
967 FIVE MILE LINE RD
WEBSTER, NY 14580

HAS BEEN DULY LICENSED TO ENGAGE IN THE BUSINESS OF INSTALLING, SERVICING, OR MAINTAINING SECURITY OR FIRE ALARM SYSTEMS

QUALIFIER: BLASCHEK GARY J

In Witness Whereof, The Department of State has caused its official seal to be hereunto affixed.
RANDY A. DANIELS
SECRETARY OF STATE

DOS-1939 (Rev. 2-01)

STERN properties
DEVELOPER • OWNER

FAX COVER SHEET

DATE: 10/3/06

TO: City of Rochester Fire Dept.
attn: Al Richards

RECIPIENTS FAX #: 428 - 6785

FROM: Gary Stern

NUMBER OF PAGES
INCLUDING THIS PAGE: 7

(PLEASE ADVISE IF ALL PAGES ARE NOT RECEIVED)

RE: Bohdi's Cafe
274 N. Goodman Street
B120
Rochester, NY 14607

274 North Goodman Street, Rochester New York 14607
Stern Properties ph 585.442.9061 fax 585.760.2394 sternproperties.com

City of Rochester

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

September 20, 2006

Andrew Lederman
274 N.Goodman St
Rochester, New York 14607

Re: BODHI'S CAFÉ RESTAURANT

Dear Property Owner:

Accompanying this letter is your occupancy sign for the above mentioned address.
The number on the sign **80** is the maximum allowable occupancy for the property at one time.

It is your responsibility to maintain the sign, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance ticket will be issued and subsequent fines collected. If a sign is missing a fee of $25.00 will be assessed to replace it.

If you have any questions, please contact the Fire Marshal at 428-7037.

Sincerely,

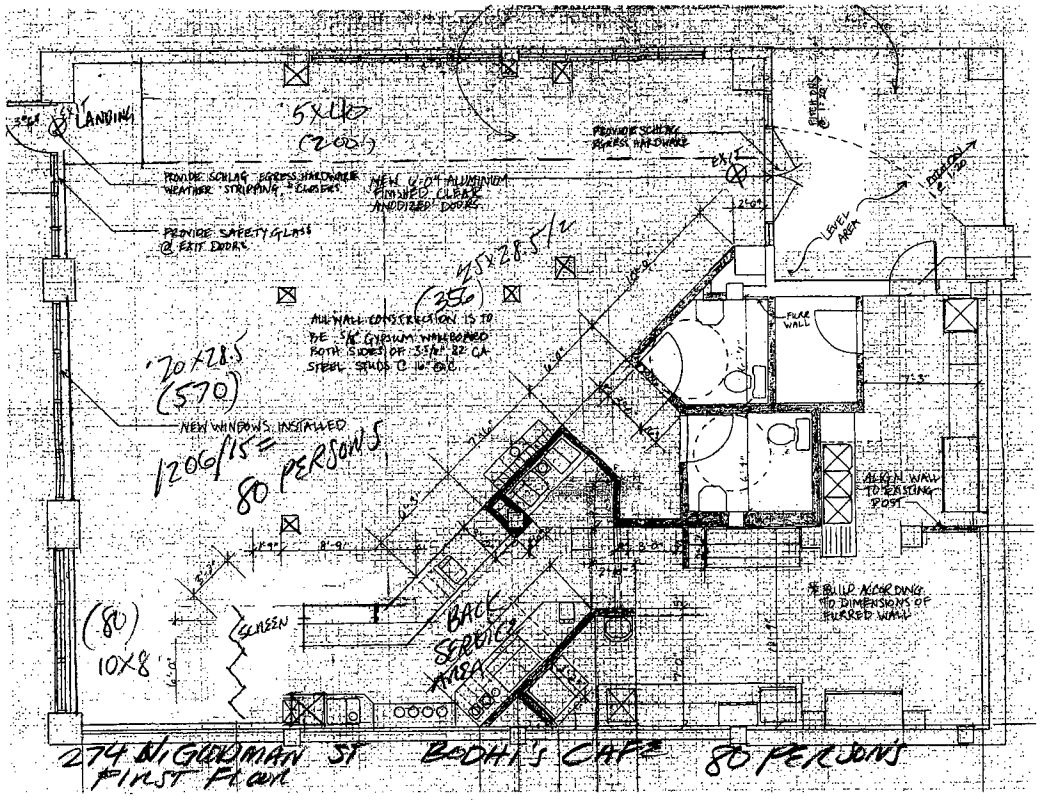
for Joel N. Smith, AIA
Manager of Plan Review & Bldg. Inspections

JNS/jpl

xc: City Fire Marshal
Occupancy File

OCCUPANCY BY MORE THAN 80 PERSONS IS DANGEROUS AND UNLAWFUL

City of Rochester, New York



J. LINARES
INSPECTOR
SEPT. 2006
SIGN PLACEMENT DATE

274 N. GOODMAN ST
GROUND (FIRST) FLOOR
BODHI'S CAFE RESTAURANT 80 PERSONS

City of Rochester

29454

FS/DCD/HZZ/DES

29454

9-11-06

To: ① Mary Sloan
→ for Mary Ellen Lehr
→ for Sue Foser
② Bob Barton/C. Cox
③ Joe Mustico/K. Faust

...ords Access Application

Date

Peter Morton

Print Name

Passero Associates, P.C.

Representing

325-1000 ext. 322

Telephone

100 Liberty Pole Way

Mailing Address

Rochester, NY 14604

Peter Morton

Signature

I hereby apply to inspect ☐ and/or copy ☐ the following record(s):

274-302 North Goodman
Rochester, NY 14607

Claim #

Environmental F.O.I.L.
(permits, tanks, etc.)

Return completed application to:
Records Access Officer
Bureau of Communications
City Hall, Room 202A
30 Church Street
Rochester, New York 14614
FAX (716) 428-7069

There is a 25¢ per page charge for copying most records. For more information on public access to records, call 428-7135.

DISTRIBUTED
9-12-06 (mg)

For Agency use only

☐ Approved

☐ Denied

☐ Record not Maintained by City

Records Access Officer

Date

For appeal only

If you wish to appeal the Record Access Officer's decision on your application for public access to records, sign below and send this form within 30 days to:

Corporation Counsel
City Hall, Room 400A
30 Church Street
Rochester, New York 14614-1295

I hereby appeal:

Signature

Date

8001

POST IN A CONSPICUOUS PLACE

Permit for the Storage and Sale of Explosives and Combustibles

DEPARTMENT OF PUBLIC SAFETY
BUREAU OF BUILDINGS

14966

Plat Plan No.....

Rochester, N. Y., March 1st 1939 193

Permission is Hereby Granted to Stecher Traung Litho. Co.,
274 No. Goodman Street, Rochester, N. Y., to sell and store ~~GASOLINE~~ S.D. #1 Alcohol & NAPTHA
at No. " " " Street. This Permit will expire Mar 1 1940

Public Station? Bulk? Wholesale? or Private Use? Private

If for Renewal, Transfer, or Additional Storage, give former Permit No.

Number and Capacity of Tanks 1

Total Quantity 10,000 Gallons. Number of Pumps 1

See Mr. Mattle

Thomas C. Woods
Commissioner of Public Safety.

Walker S. Lee
Superintendent of Buildings.

Br 1-6220 Off Tues Sept 4th

This Permit is granted on the express condition that the said Explosives or Combustibles are kept in an approved receptacle or apartment used exclusively for that purpose, approved by the Bureau, and not in proximity to Gas, Oil, Arc Lights or Stoves or any open flame; that signs "NO SMOKING," be placed in a conspicuous place on the premises where said Explosives or Combustibles are kept; that for other than Private Use approved foam extinguishment shall be provided.

Renewal, Additional Storage, Transfer

Permit Number	Date	Number and Capacity of Tanks	Number of Pumps	
15738	MAR 12 1940	1-10,000 GALS ALCOHOL		
16424	FEB 19 1941			
17480	JAN 30 1942			
18970	MAR 2 1943			
20519	MAR 16 1944			
21415	MAR 8 1945			
22170	MAR 1 1946			
22872	MAY 2 1946	1-500 GALS NAPTHA (NEW)		
23552	MAR 1 1947			
24255	MAR - 1 1948	1-10,000 ALCOHOL 1-500 NAPTHA	1	
25370	MAR 1 1949	1-55 Gal Drum Gasoline		
27062	MAR 24 1950			
27962	MAR 19 1951			
28943	MAR 1 - 1952			

044 MAR 1 1953
86 MAR 1 1954
5 MAR 1 1955
5 MAR 1 1956
136 MAR 1 - 1957
18 MAR 1 1958
7 MAR 1 1959
8 MAR 1 1960

1 - 55 Gal. Drum Gasoline
1,500 Gals. Alcohol in Drums
10,000 Gal. Tank Naphtha

Pump

354 MAR 1 - 1961

AVOID VERBAL ORDERS

Mr. Kole Date 3/1/57 19

Nrb. Mr Smith

Stacker - Troons phoned

& see just why they need a gasoline storage permit.

He says they have stored in their oil room 1-55 Gal Drum

Mon 4.50

Pavers

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
7/20/06	1:25		X

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			

LOCATION OF SYSTEM CYLINDERS: Left of hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Range Guard	4 Gal	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
4 gallon		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	1		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	3/4"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1999	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: California Rollins

Address: Village Gate Plaza

City: Rochester, NY

Telephone: 271-8990 Store No.

Owner or Manager: TOM

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

16" fryer	6 Burner Range		

1. All appliances properly covered w/correct nozzles	Yes	20. Replaced fuse links	NO
2. Duct and plenum covered w/correct nozzles	Yes	21. Check travel of cable nuts/S-hooks	Yes
3. Check positioning of all nozzles.	Yes	22. Piping & conduit securely bracketed	Yes
4. System installed in accordance w/MFG UL listing	Yes	23. Proper separation between fryers & flame	Yes
5. Hood/duct penetrations sealed w/weld or UL device	Yes	24. Proper clearance-flame to filters	Yes
6. Check if seals intact, evidence of tampering	Yes	25. Exhaust fan in operating order	Yes
7. If system has been discharged, report same	O	26. All filters replaced	NO
8. Pressure gauge in proper range (If gauged) 175	Yes	27. Fuel shut-off in on position	Yes
9. Check cartridge weight (If applicable)	N/A	28. Manual & remote set/seals in place	Yes
10. Hydrostatic test date	1999	29. Replace systems covers	NO
11. 6 year maintenance date	N/A	30. System operational & seals in place	Yes
12. Inspect cylinder and mount	Yes	31. Slave system operational	N/A
13. Operate system from terminal link	Yes	32. Clean cylinder & mount	Yes
14. Test for proper operation from remote	Yes	33. Fan warning sign on hood	Yes
15. Check operation of micro switch	N/A	34. Personnel instructed in manual operation of system	Yes
16. Check operation of gas valve 3/4"	Yes	35. Proper hand portable extinguishers K-1	Yes
17. Clean nozzles	Yes	36. Portable extinguishers properly serviced 5	Yes
18. Proper nozzle covers in place	Yes	37. Service & Certification tag on system	Yes
19. Check fuse links and clean	Yes	NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS:

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X						
Eugene J Bartle	7/20/06	1:50		X		
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11 QM-9
ADDRESS Goodman St N
FROM / TO 274
INSPECTION # 05-11245
TAX ACCT # 6

PROPERTY OWNER Gary F Stern
ADDRESS 274 Goodman St. N.
PHONE 442-9061
CITY Rochester
STATE NY.
ZIP 14607

MAILING NAME Same
ADDRESS
PHONE
CITY
STATE
ZIP

EMERGENCY CONTACT Gary F Stern
ADDRESS 40 Evandale RD.
PHONE
CITY Rochester
STATE NY
ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES: 4/6 6pm

BUSINESS NAME FARUK KAIYum GALLERY PHONE
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY FARUK
ADDRESS B129
PHONE 770-4875

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☑ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF. MICHAEL VINCI	09	3	3	6/28/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
	OWNER			
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY Rill Qm-9
ADDRESS GOOD MAN St. N
FROM / TO 274
INSPECTION # ~~05~~ 06-11244
TAX ACCT #

PROPERTY OWNER GARY E Stern
ADDRESS 274 Goodman St
PHONE 442-9061
CITY Rochester STATE NY ZIP 14607

MAILING NAME SAME
ADDRESS
PHONE
CITY STATE ZIP

EMERGENCY CONTACT GARY E STERN
ADDRESS 40 EVANDALE RD
PHONE
CITY Rochester STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES: 4/6

BUSINESS NAME OUTLANDISH VIDEO'S & GIFTS PHONE
BUSINESS OWNER
ADDRESS
BUSINESS EMERGENCY Russ Shaner PHONE ~~288~~ 266-2854
ADDRESS BV128 PHONE

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Capt Cippie	COMPANY Qm9	DISTRICT 3	GROUP 1	DATE 6/28/06
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE Partner			DATE OF REINSPECTION 6/29/06
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11 - QM-9
ADDRESS Goodman St. N
FROM / TO 274
INSPECTION # 05-11242
TAX ACCT # 6

PROPERTY OWNER Gary F Stenn
ADDRESS 274 Goodman St. N
PHONE 442-9061
CITY Rochester STATE NY ZIP 14607

MAILING NAME Same
ADDRESS
PHONE
CITY
STATE
ZIP

EMERGENCY CONTACT Gary F Stenn
ADDRESS 40 Evandale RD.
PHONE
CITY Rochester STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:
4/6 KLW
6/29 KB

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

BUSINESS NAME Fetachinni Rest
PHONE
BUSINESS OWNER
ADDRESS
PHONE 254-3382
BUSINESS EMERGENCY
ADDRESS Lou Fico
PHONE 247-7195

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ ~~NO~~ VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☒ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Capt. Lippie	COMPANY QM9	DISTRICT 3	GROUP 1	DATE 6/29/06
BUS/PROP REPRESENTATIVE: X [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03841

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY	ZIP 14607

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY	ZIP 14607

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY	ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	521	2	2

NO ENTRY DATES: 1 Nov 4/5/06 [illegible]

BUSINESS NAME RICKY'S PLACE PHONE
BUSINESS OWNER RICKY SANDS
ADDRESS B116 ROCHESTER NY14607
PHONE 442 0042
BUSINESS EMERGENCY RICKY SANDS
ADDRESS 195 WIMBLEDON RD ROCHESTER NY14617
PHONE 544 0009

SPECIAL INSTRUCTIONS: Lower Level

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	Exp Extinguisher (Jan 2006)				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Douglas Kress	COMPANY QM9	DISTRICT 3	GROUP 1	DATE 6/29/06
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03833

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE: 51 — SPECIFIC PROPERTY USE: — STRUCTURE TYPE: 2 — STRUCTURE STATUS: 2

NO ENTRY DATES: 6/5/06 11:05

BUSINESS NAME: CALIFORNIA ROLLIN SUSHI B — PHONE:
BUSINESS OWNER:
ADDRESS: Tom Beaman Sr. — PHONE: 271-8990
BUSINESS EMERGENCY: Jo Landa
ADDRESS: 5945 D Terrace Lane — PHONE: 305-3602

SPECIAL INSTRUCTIONS: Lower Level

SPECIAL HAZARDS OR CONSTRUCTION:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	(1) Hood System not inspected - out of date (2005)				
	(2) No "K" Type extinguisher				
	Corrected				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Jo Landa Hatte CAPT. Gyme	Qn-9	3	1	4/5/06
BUS/PROP REPRESENTATIVE: X	POSITION / TITLE			DATE OF REINSPECTION 6/29/06
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11 – Qmq
ADDRESS Good Man St. N
FROM / TO 274
INSPECTION # 05-12106
TAX ACCT # 6

PROPERTY OWNER Gary F Stern
ADDRESS 274 Goodman St. N
PHONE 442-9061
CITY Rochester STATE NY. ZIP 14607

MAILING NAME Same
ADDRESS
PHONE
CITY STATE ZIP

EMERGENCY CONTACT Gary F Stern
ADDRESS 40 Evandale Rd.
PHONE
CITY Rochester STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES: 4/6 Gypo

BUSINESS NAME Primitive Impressions PHONE 244-4290
BUSINESS OWNER
ADDRESS
PHONE 381-0079
BUSINESS EMERGENCY
ADDRESS B-135 M-SAT 1-to 8pm PHONE

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Capt. Gypi	COMPANY Qmq	DISTRICT 3	GROUP 1	DATE 6/29/06
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11 - Qmg
ADDRESS Goodman St. N.
FROM / TO 274
INSPECTION # [redacted]-12102
TAX ACCT #

PROPERTY OWNER GARY F. STERN
ADDRESS 274 Goodman St N
PHONE 442-8061
CITY Rochester
STATE NY
ZIP 14607

MAILING NAME SAME
ADDRESS
PHONE
CITY
STATE
ZIP

EMERGENCY CONTACT GARY F Stern
ADDRESS 40 EVAN DALE RD.
PHONE
CITY Rochester
STATE NY
ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES: 4/6/06 GYP

BUSINESS NAME D & G Collectibles
PHONE
BUSINESS OWNER
ADDRESS DOUG HANSELMAN
PHONE 865-7415
BUSINESS EMERGENCY
ADDRESS
PHONE 865-7415

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF MICHAEL VINCI	Q-9	B-3	3	6/29/06
BUS/PROP REPRESENTATIVE: Doug Hanselman	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Lakeshore Fire Protection, Inc.
Fire Protection Specialists
845-A Maple Street
Rochester, New York 14611
585-529-3850
FAX 529-3585

2086

Customer
SALENAS
374 N. GOODMAN ST
ROCH

Service Date 5/23/08
VOID 6 MONTHS FROM ABOVE DATE

SEMI-ANNUAL MAINTENANCE OF AUTOMATIC FIRE SUPPRESSION SYSTEM

SYSTEM MANUFACTURER (✓) Pyro Chem ( ) Protex ( ) Ansul ( ) Range Guard ( ) Kidde
MODEL RL275 CYLINDER SIZE 275 GAL NO. CYLINDERS 1
HYDROTEST DATE 11/02 DATE PREVIOUS SERVICE 11/05 GAUGE PSI 175
PILOT CARTRIDGE ( ) Replaced (✓) Checked ( ) N.A. Date Replaced ___/___/___
NO. OF NOZZLES Plenum 2 Duct 2 Surface 4
NO. OF FUSIBLE LINKS 360° ___ 500° ___ Replaced (✓) Yes ( ) No
REMOTE MANUAL PULL ( ) None installed ( ) None required (✓) Accessible ( ) Non accessible
NOZZLE CAPS (✓) OK Number missing ___ Number replaced ___
NOZZLES CONDITION (✓) Good ( ) Fair ( ) Poor ( ) Cleaned
CYLINDER ACCESSIBILITY (✓) Accessible ( ) Non-accessible
FUEL SHUT OFF-GAS (✓) Operational ( ) Non-operational ( ) Not required ( ) None installed
FUEL SHUT OFF-ELECTRIC ( ) Operational ( ) Non-operational (✓) Not required ( ) None installed
FIRE ALARM TIE-IN ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
HOOD CONDITION (✓) Clean ( ) Greasy
FILTER CONDITION (✓) Clean ( ) Greasy
DUCT CONDITION (✓) Clean ( ) Greasy

THIS FIRE SUPPRESSION SYSTEM MEETS CURRENT N.F.P.A. 96 REQUIREMENTS FOR FULL SURFACE PROTECTION AND FUEL SHUT OFF (✓) Yes ( ) No

SYSTEM DEFICIENCIES ___

PORTABLE EXTINGUISHERS ( ) 40BC Rated Sodium Bicarb or Potassium Bicarb ( ) Yes ( ) No For Dry Chemical Systems
(✓) K-Type (✓) Yes ( ) No For Wet Chemical Systems

PORTABLE EXTS. (✓) Inspect Qty. 1 # FOR RECHARGE ___ DATE 5/08

ANY review, recommendation, or inspection made by this company relates solely to fire insurance rating consideration. No representation or warranties of any kind are intended or made.

I, the undersigned, hereby agree that in the event of default of payment of the amount due for this inspection and if this account is placed into the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agencies and attorneys fees and court costs incurred and commanded by law governing these actions in the state of New York.

TERMS: Cash or check only, (unless prior credit approval has been made with our office). A service and handling charge of 2% per month ($2.00 minimum) will be added on all invoices over 30 days (annual rate of 24%).

AUTHORIZED BY ___ TITLE ___

SERVICED BY [signature]

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 05/08/06

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

07-05048	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 70

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

07-05048	PERMIT NUMBER
05/08/06	INVOICE DATE
06/08/06	DUE DATE
$ 70	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

MAY 13 2006

FD513

fdpmt1

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 05/31/07

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

07-05048	PERMIT NUMBER
05/08/06	INVOICE DATE
06/08/06	DUE DATE
$ 70	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11 Qm 9
ADDRESS Goodman St. N
FROM / TO 274
INSPECTION # 05/06-12107
TAX ACCT #

PROPERTY OWNER Gary D Stern
ADDRESS 274 Goodman St. N
PHONE 442-9661
CITY
STATE
ZIP 14607

MAILING NAME Same
ADDRESS
PHONE
CITY
STATE
ZIP

EMERGENCY CONTACT Gary D Stern
ADDRESS 40 Evandale Rd
PHONE 461-9867
CITY Rochester
STATE NY
ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	54	549	2	2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

BUSINESS NAME FLESH 4 FANTASY TATTOO
PHONE
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE
B-134

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
CAPT. K. Cope	Qm 9	3	1	4/6/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11 — Ang
ADDRESS Goodman St N
FROM / TO 274
INSPECTION # 06-12104
TAX ACCT #

PROPERTY OWNER GARY I Stern
ADDRESS 274 Goodman St. N
PHONE 442-9061
CITY Rochester
STATE NY
ZIP 14607

MAILING NAME SAME
ADDRESS
PHONE
CITY
STATE
ZIP

EMERGENCY CONTACT Gary D Stern
ADDRESS 40 BVANDALE RD
PHONE
CITY Rochester
STATE NY
ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	2	3

NO ENTRY DATES:

BUSINESS NAME Rainbow Products PHONE 585 423 1110
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY JAY BERNOCAL
ADDRESS 274 Goodman St
PHONE 585 423 11 40

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
CAPT. K. Cyr	ANG	3	1	4/6/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11 / Am-9
ADDRESS GOODMAN ST. N. FROM / TO 274
INSPECTION # 05-11241
TAX ACCT # 00

PROPERTY OWNER | ADDRESS | PHONE
CITY | STATE | ZIP
MAILING NAME | ADDRESS | PHONE
CITY | STATE | ZIP
EMERGENCY CONTACT | ADDRESS | PHONE
CITY | STATE | ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
		591		

NO ENTRY DATES:

BUSINESS NAME Image out | PHONE
BUSINESS OWNER
ADDRESS | PHONE
BUSINESS EMERGENCY
ADDRESS | PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
CAPT. K. Lyons	Am 9	3	1	4/6/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11, Qu9
ADDRESS Good MAN St. N
FROM / TO 274
INSPECTION # 05-12105
TAX ACCT # 6.

PROPERTY OWNER GARY F. Stern
ADDRESS 274 N. Goodman St.
PHONE 442-9061
CITY
STATE
ZIP 14607

MAILING NAME Same
ADDRESS
PHONE
CITY
STATE
ZIP

EMERGENCY CONTACT GARY D Stern
ADDRESS 40 EVANDALE St
PHONE 461-9867
CITY Rochester
STATE NY.
ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME MEME-HILL ~~FUNCTION ALMT~~ PHONE 721-4240
BUSINESS OWNER Amie Freling
ADDRESS ~~X~~ 274 N. Goodman ST. PHONE 721-4240
BUSINESS EMERGENCY Amie Freling
ADDRESS 300 Alpine Drive B-136 PHONE 218-4319

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Capt. Cypre	COMPANY Qu9	DISTRICT 3	GROUP 1	DATE 4/6/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 04/06/06

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

EVOLUTION IMPRESSIONS INC
274 GOODMAN ST N

07-04051	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 90

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

07-04051	PERMIT NUMBER
04/06/06	INVOICE DATE
05/06/06	DUE DATE
$ 160	AMOUNT DUE

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

MAY 2 2006

FD513

fdpmt1

THIS PERMIT EXPIRES 04/30/07

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

07-04051	PERMIT NUMBER
04/06/06	INVOICE DATE
05/06/06	DUE DATE
$ 160	AMOUNT DUE

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

Q4

LOCATION: 274 GOODMAN ST N
Person contacted: STERN REALTY & MANAGEMENT CO

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
4/6/06									X	

	Y	N
Sprinkler System	✓	
Alarm Permit	✓	
Cooking Hood		/
Fire Alarm System		/
Standpipe System		/
Cooking System		/
Bars/Wires on Windows		/
Lock Box		/
Posted Occupancy		/

Permit# _____

Local **Central** (circle one)

APPROVED
FIRE SAFETY DIVISION

Fire Marshal

INSPECTION REPORT PERMIT MONTH: MAY 2006

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: 4429061 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	70	05051	ACETYLENE/FLAMMABLE GAS USAGE

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ___

DATE OF APPROVAL FOR PERMIT: _____ 20 ____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD:_____ _____

Emerald Steam Cleaning Co. Corp.

1500 Walworth Penfield Road
Walworth, NY 14568

Invoice

Date	Invoice #
10/16/2006	4087

Bill To
Salina's Mexican Rest 274 N. Goodman St. Rochester, NY 14607

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Complete Cleaning Of Exhaust Ventilation System, including exhaust hood, ductwork, baffle filters, and exhaust fans. 270.00	350.00	350.00T
	Steam cleaning of exhaust hood in new Rest. 80.00		
	Sales Tax	8.00%	28.00

Paid 10/18/06
Chk 72041

	Total	$378.00

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03834

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES:

BUSINESS NAME COMICS ETC PHONE
BUSINESS OWNER ANDY BATTAGLIA
ADDRESS B114 ROCHESTER NY14607
PHONE 473 7150
BUSINESS EMERGENCY ANDY BATTAGLIA
ADDRESS 155 FLOVERTON ST ROCHESTER NY14610
Lower Level PHONE 654 8262

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY 29	DISTRICT 3	GROUP 1	DATE 4-5-06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY RI1

INSPECTION # 06-03831

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	562	2	2

NO ENTRY DATES:

BUSINESS NAME BOCCACINO HEATING PHONE
BUSINESS OWNER KAREN FALBO
ADDRESS ~~6256~~ B-271 ROCHESTER NY14607
PHONE 454 2120
BUSINESS EMERGENCY KAREN FALBO
ADDRESS 8 SYLVAN GLEN FAIRPORT NY14450
PHONE 387 9930

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
	Q9	3	1	4-6-06
BUS/PROP REPRESENTATIVE: M. Banks	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY RIT

INSPECTION # 06-03829

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: GARY I. STERN — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE — SPECIFIC PROPERTY USE — STRUCTURE TYPE — STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: ARCTIC WHOLESALE — PHONE:
BUSINESS OWNER: Arctic Wholesale Corporation
ADDRESS:
PHONE: 242-9219
BUSINESS EMERGENCY: BILL (C)721-0061
ADDRESS: 72 ST ELIAS CIRCLE ROCHESTER NY14626
PHONE: 723 0279

SPECIAL INSTRUCTIONS: Lower level

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D
	Fire Safety Inspection ?

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: Capt. Cope	COMPANY 9	DISTRICT 3	GROUP 1	DATE 4/5/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11, QM-9
INSPECTION # 06-03612
ADDRESS Goodman St N
FROM / TO 274
TAX ACCT #

PROPERTY OWNER GARY S TERN
ADDRESS 274 N Goodman St PHONE 442-9061
CITY STATE ZIP 14607

MAILING NAME STERN Realty
ADDRESS Same PHONE
CITY STATE ZIP

EMERGENCY CONTACT GARY F Stern
ADDRESS 40 EVAN DALE RD PHONE 461-9867
CITY Rochester STATE NY. ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	2	2

NO ENTRY DATES:

BUSINESS NAME Audoscience PHONE 271-8870
BUSINESS OWNER Andreen Elden, Ph.D
ADDRESS 274 N. Goodman St. 14607
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE 271-8870

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Capt. Copie	QM-9	3	1	4/6/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03849

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES:

BUSINESS NAME YANKEE PEDDLER BOOKS PHONE
BUSINESS OWNER JOHN WESTERBERG
ADDRESS 8130 ROCHESTER NY14607
PHONE 271 5080
BUSINESS EMERGENCY ~~JOHN WESTERBERG~~ Judy Leistman ~~(315)~~
ADDRESS ~~4299 E LAKE RD~~ ~~WILLIAMSON~~ ~~NY14589~~
134 Vermont St PHONE ~~589 2049 (315)~~ 224-0414 or call John
SPECIAL INSTRUCTIONS: Lower Level
SPECIAL HAZARDS OR CONSTRUCTION as listed above

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
CAPT. Gypie	QM-9	3	1	4/5/06

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
John Westerberg		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY RII

INSPECTION # 06-03846

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME

ADDRESS

PHONE

CITY STATE ZIP

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 58	SPECIFIC PROPERTY USE 585	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME VILLAGE GATE SQUARE PHONE

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY

ADDRESS

PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM Permit #105	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Capt. Gypse	COMPANY Qm-9	DISTRICT 1	GROUP 1	DATE 4/5/06
BUS/PROP REPRESENTATIVE X Carol Gypse	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03845

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #:

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME:
ADDRESS:
PHONE:
CITY: STATE: ZIP:

EMERGENCY CONTACT:
ADDRESS:
PHONE: 000-0000
CITY: STATE: ZIP:

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	594	2	2

NO ENTRY DATES:

BUSINESS NAME: THE STUDIO
PHONE:
BUSINESS OWNER: GEORGE SCHNELL D213
ADDRESS: 1 SUMMER PK ROCHESTER NY14607
PHONE: 256 2188

BUSINESS EMERGENCY ADDRESS:
PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	VACANT STOREFRONT				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
	Q9	3	1	4-5-06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

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Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY RII

INSPECTION # 06-03844

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #:

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY / STATE / ZIP:

MAILING NAME:
ADDRESS:
PHONE:
CITY / STATE / ZIP:

EMERGENCY CONTACT:
ADDRESS:
PHONE: 000-0000
CITY / STATE / ZIP:

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	59	591	2	2

NO ENTRY DATES: 45 Gypsy

BUSINESS NAME: TELECOMMUNICATIONS BANK
PHONE:
BUSINESS OWNER: TELECOMMUNICATIONS BANK
ADDRESS: 274 N GOODMAN ST A204 ROCHESTER NY14607
PHONE:
BUSINESS EMERGENCY: PERRY BANKS
ADDRESS: 552 CLAY AV ROCHESTER NY14613
2ND FLOOR A205
PHONE: 647 1784

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
Capt. K. Gypsy	Co 9	3	1	4/6/06

BUS/PROP REPRESENTATIVE	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR	DATE

RFD 501 REV: 03/03

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R-11 QM-9
ADDRESS Good MAN St N
FROM / TO 274
INSPECTION # 05-12101
TAX ACCT # 442-9061

PROPERTY OWNER GARY I Stern
ADDRESS 274 N. Goodman St
PHONE
CITY
STATE
ZIP 14607

MAILING NAME Same
ADDRESS
PHONE
CITY
STATE
ZIP

EMERGENCY CONTACT GARY I STERN
ADDRESS 40 EVAN DALE RD
PHONE 461-9867
CITY Rochester
STATE NY
ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 53	SPECIFIC PROPERTY USE 534	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME Table Toppers of Rochester PHONE 271-2470
BUSINESS OWNER CHANTIZA STERN
ADDRESS
PHONE 615-4088
BUSINESS EMERGENCY
ADDRESS 274 N. GOODMAN ST D104
PHONE 461-2239

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY Q-9	DISTRICT 3	GROUP 1	DATE 4/6/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03843

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES | GENERAL PROPERTY USE: 51 | SPECIFIC PROPERTY USE: 152 | STRUCTURE TYPE: 2 | STRUCTURE STATUS: 2

NO ENTRY DATES:

BUSINESS NAME: ~~SHI-LING SHING STUDIOS~~ PHONE:
BUSINESS OWNER: ~~SHI-LING HSIANG~~ MINERVA DESIGN
ADDRESS: 274 N GOODMAN ST A403 ROCHESTER NY14607
PHONE: 244 9148
BUSINESS EMERGENCY: SHI-LING HSIANG
ADDRESS: 16 STONEBRIDGE LN PITTSFORD NY14534
PHONE: 248 8262

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	Co of O 01/03/06				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: CAPT. K. Gyan
COMPANY: Cmd 9 | DISTRICT: 3 | GROUP: 1 | DATE: 4/6/06

BUS/PROP REPRESENTATIVE: | POSITION / TITLE: | DATE OF REINSPECTION:

FIRE SAFETY INSPECTOR: | DATE:

RFD 501 REV. 03/03

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03842

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE: 51 — SPECIFIC PROPERTY USE: 161 — STRUCTURE TYPE: 2 — STRUCTURE STATUS: 2

NO ENTRY DATES:

BUSINESS NAME: SALENA'S MEXICAN RESTAURA — PHONE:
BUSINESS OWNER: ALBERT DEBLICK
ADDRESS: 274 N GOODMAN ST — ROCHESTER — NY14607
PHONE:
BUSINESS EMERGENCY: ALBERT DEBLICK
ADDRESS: 70 QUENTIN RD — ROCHESTER — NY14609
PHONE: 750 0750

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS: Lower Level

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	F/S remove AS 501				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☒ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
[signature]	09	3	1	4-5-06
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

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Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03840

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: ONONDAGA SCHOOL OF THERAP — PHONE: (585) 241-0070
BUSINESS OWNER:
ADDRESS: — PHONE:
BUSINESS EMERGENCY: SHARON LEWIS (C)943-1044 — C
ADDRESS: 590 TARRINGTON RD — ROCHESTER — NY14609
Bldg E 200 — PHONE: 943 1146

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY 29	DISTRICT 3	GROUP 1	DATE 4/5/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

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Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03826

ADDRESS: GOODMAN ST N
FROM / TO: 274 - SUITE B282
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: GARY I. STERN
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES | GENERAL PROPERTY USE: 59 | SPECIFIC PROPERTY USE: 594 | STRUCTURE TYPE: 2 | STRUCTURE STATUS: 2

NO ENTRY DATES:

BUSINESS NAME: NIK AND THE NICE GUYS PHONE: 585 244 0331
BUSINESS OWNER:
ADDRESS: 274 N. GOODMAN ST SUITE B282
PHONE:
BUSINESS EMERGENCY: Gary Webb.
ADDRESS:
PHONE: (585) 451-9322

SPECIAL INSTRUCTIONS: 2nd contact: (585) 455-8955 Carolyn Schultz

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Capt. K. Guppo	COMPANY: Eng	DISTRICT: 3	GROUP: 1	DATE: 4/6/06
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03839

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY	ZIP 14607

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY	ZIP 14607

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY	ZIP 14618

NFPA 901 CODES | GENERAL PROPERTY USE 51 | SPECIFIC PROPERTY USE 591 | STRUCTURE TYPE 2 | STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME MOTION CONTROL TECHNOLOGY PHONE
BUSINESS OWNER JOHN SAPORITO (461-2110)
ADDRESS 1650 STRONG RD VICTOR NY14564
PHONE 742 1649
BUSINESS EMERGENCY JOHN SAPORITO (C)370-7701
ADDRESS 1650 STRONG RD VICTOR NY14564
PHONE 742 1649

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS: B264

SPECIAL HAZARDS OR CONSTRUCTION 2nd Emergency Contact - Cindy Taylor Office Mgr. (585) 732-1069

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: CAPT. Gaffie	COMPANY Cm-9	DISTRICT 3	GROUP 1	DATE 4/6/06
BUS/PROP REPRESENTATIVE: C. Taylor	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03838

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 2274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME KELLER ADVERTISING PHONE
BUSINESS OWNER SCOTT A KELLER
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
D Bldg 230 B PHONE 271 7000
BUSINESS EMERGENCY SCOTT A KELLER
ADDRESS 2506 OAKVIEW DR ROCHESTER NY14617
PHONE 266 2083

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	VACANT STOREFRONT				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE 4-6-06
	09	3	1	
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY: 311

INSPECTION #: 06-03825

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N. GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N. GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE: 54 — SPECIFIC PROPERTY USE: 591 — STRUCTURE TYPE: 2 — STRUCTURE STATUS: 2

NO ENTRY DATES:

BUSINESS NAME: ~~MONROE REPROGRAPHICS~~ Impressions — PHONE: 585-473-6600
BUSINESS OWNER: EVOLUTION'S — RUSS Thibault
ADDRESS: 200-4 STILLMOON CIRCLE Roch NY 14624 — PHONE: 889-9137
BUSINESS EMERGENCY: LINDA SHEA
ADDRESS: 1075 CANE PATCH WEBSTER NY C-260 — PHONE: 671-4222

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	AC Richard? F.S. Inspection				
	F/S Remove AS 501 AD				

Evolution impressions
building your image through print
274 N. Goodman St. · Rochester, NY 14607-1154 · Phone: 585.473.6600
Fax: 585.473.8073 · email:contactus@evolutionimpressions.com

Y N		Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Capt. Gype	CM-9	1	1	4/5/06

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
X		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03836

ADDRESS: GOODMAN ST N
FROM / TO: 274 D238
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	231	1	2

NO ENTRY DATES:

BUSINESS NAME: DANCER'S ALLEY DANCE STUD PHONE:
BUSINESS OWNER: MEGGINS KELLY
ADDRESS: D238 ROCHESTER NY14607
PHONE: 271 0031
BUSINESS EMERGENCY: MEGGINS KELLY
ADDRESS: 44 COUCHMAN AV ROCHESTER NY14617
PHONE: 467 3686

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
	Q9	3	1	4/5/06
BUS/PROP REPRESENTATIVE: Meggins Kelley	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03835

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME GARY I. STERN

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME D-240 PHONE

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY

ADDRESS

PHONE

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS: (585) 305-6003 MAS OY AMA's Karate

SPECIAL HAZARDS OR CONSTRUCTION Call for Appt. M 5:30-8 W 5:30-8 F 5:30-7

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: Capt. Gypse	COMPANY QM9	DISTRICT 3	GROUP 1	DATE 4/6/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03832

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	534	2	2

NO ENTRY DATES:

BUSINESS NAME BOP SHOP RECORD STORE THE PHONE
BUSINESS OWNER THOMAS KOHN
ADDRESS B123 ROCHESTER NY14607
PHONE 271 3354
BUSINESS EMERGENCY THOMAS KOHN
ADDRESS 865 WHALEN RD PENFIELD NY14526
Lower Level PHONE 381 3816

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: CAPT. Coyle	COMPANY Cm 9	DISTRICT 3	GROUP 1	DATE 4/6/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03848

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

BUSINESS NAME: YANKEE CLIPPER CARDS — PHONE:
BUSINESS OWNER: THOMAS CAUKINS
ADDRESS: 274 N GOODMAN ST 6125 ROCHESTER NY14607
PHONE: 442 5700
BUSINESS EMERGENCY: THOMAS CAUKINS
ADDRESS: 5125 WILLIAMSON RD 315MARION NY14505
PHONE: 589 8425

SPECIAL INSTRUCTIONS: Lower Level

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
1	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	Check Sprinkler System Above Ceiling				
	Send to Fire Safety				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM ?	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: CAPT. Cappio	COMPANY Cm9	DISTRICT 3	GROUP C	DATE 4/6/06
BUS/PROP REPRESENTATIVE: Thomas A. Caulkins Jr.	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY RII

INSPECTION # 06-03847

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE — SPECIFIC PROPERTY USE — STRUCTURE TYPE — STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: WOSA'S FINE WIGS, BRAIDS — PHONE:
BUSINESS OWNER: WOSA PAASEWE
ADDRESS: 274 N GOODMAN ST B131 ROCHESTER NY14607
PHONE: 370 1912
BUSINESS EMERGENCY: WOSA PAASEWE 271-9672
ADDRESS: 40 TERRACE PK ROCHESTER NY14619
PHONE: 436 4068

SPECIAL INSTRUCTIONS: Lower Level B B1

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Capt. Gyrio	COMPANY 9	DISTRICT 3	GROUP 1	DATE 4/5/06
BUS/PROP REPRESENTATIVE: W. Paasel	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03837

ADDRESS: GOODMAN ST N
FROM / TO: 274 B260
TAX ACCT #:

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN
ADDRESS: 40 EVANDALE RD
PHONE: 481-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51		2	2

NO ENTRY DATES:

BUSINESS NAME ENVIRONMENTAL DESIGN & RE PHONE
BUSINESS OWNER DAVE CRANDALL (SP)
ADDRESS 238 WEST DIVISION ST 315 SYRACUSE NY 13204
PHONE 471 0688
BUSINESS EMERGENCY GARY ALDRIDGE
ADDRESS 72 OWAISSA DR ROCHESTER NY 14622
PHONE 342 9234

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY Q9	DISTRICT 3	GROUP 1	DATE 4/5/06
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 03/09/06

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

FETA CHINNI
274 GOODMAN ST N

07-03045	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUST/COMM	$ 70

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

07-03045	PERMIT NUMBER
03/09/06	INVOICE DATE
04/09/06	DUE DATE
$ 70	AMOUNT DUE

APR 13 2006

FETA CHINNI
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

THIS PERMIT EXPIRES 03/31/07

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

07-03045	PERMIT NUMBER
03/09/06	INVOICE DATE
04/09/06	DUE DATE
$ 70	AMOUNT DUE

FETA CHINNI
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 03/09/06

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

SALENA'S MEXICAN RESTAURANT
274 GOODMAN ST N

07-03046	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUST/COMM	$ 70

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

07-03046	PERMIT NUMBER
03/09/06	INVOICE DATE
04/09/06	DUE DATE
$ 70	AMOUNT DUE

SALENA'S MEXICAN RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

MAR 14 2006

FD513

fdpmt1

THIS PERMIT EXPIRES 03/31/07

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

07-03046	PERMIT NUMBER
03/09/06	INVOICE DATE
04/09/06	DUE DATE
$ 70	AMOUNT DUE

SALENA'S MEXICAN RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL

LOCATION: 274 GOODMAN ST N
Person contacted: EVOLUTION IMPRESSIONS INC

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
3/14/06	2 p.	Appt						ok	X	[illegible]

APPROVED
3/21/06
[illegible]

	Y	N
Sprinkler System	✓	
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy		

visual/ok

Permit# _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

[signature]
Fire Marshal

(1) Jim exit sign

INSPECTION REPORT PERMIT MONTH: APRIL 2006

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 02 OWNER: EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ROSS THIBAULT PHONE NO: 4736600 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10C	70	04049	FLAM/COMB LQD CLS I,II,III
5412B17	90		CMBSTBL MAT'L STRGE-OVER 2500 CU FT

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: _____ 20 ____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

CITY OF ROCHESTER, NEW YORK
APPLICATION FOR PERMIT

BLDG APRV
434

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUREAU OF BUILDINGS AND ZONING
ROOM: 121-B TELEPHONE: 428-6526
30 CHURCH ST. CITY HALL

WORK LOCATION:	0711 N GOODMAN ST		**DATE:** 01/18/06
OWNER NAME:	ASHEBR GEBHIWOT	585 000-0000	
CONTRACTOR NAME:	LAKESIDE FIRE PROT	585 728-9507	
ARCH./ENG. NAME:		585 000-0000	**APPLICATION NUMBER:**
APPLICANT NAME:	GINO BORTLE	585 728-9507	
APPLICANT ADDRESS:	210 N LACKAWANNA ST WAYLAND NY 14572		1060415

PERMIT DESCRIPTION:

INSTALL HOOD, VENT, AND SUPPRESSION SYSTEM. "SHORT DELI AND GROCERY"

CERTIFICATE OF OCCUPANCY:

CZC SUBJECT TO:

PROPOSED WORK: HOOD & SUP

CONSTRUCTION TYPE: NON APPLICABLE

OCCUPANCY OR USE:

PRESENT USE:

Proposed use:

APPROVALS:

Spc Pmt
CZC 0000000
Zon Dist.
P/L
HTD
C of A
Var
Site pl

COST ESTIMATE:
EXCLUDE electrical & plumbing work
INCLUDE heating air conditioning etc

$ 4,380

PERMIT FEE:

Base pmt fee	90.00
Penalty fee	0.00
Stop work fee	0.00
TOTAL	90.00

CERTIFICATION: I am the owner/contractor/architect/engineer/or owners agent authorized to make this application

Applicants Signature Eugene J Bortle **Date**

APPROVALS:

Zoning	**Date**
Fire Safety G. Isaacs	**Date** 1-27-06
Plumbing	**Date**
D.E.S	**Date**
Housing & Project Development	**Date**
Property Conservation	**Date**
Buildings	**Date**
for Commisioner of Community Development	

FEE PAID

BUILDING BUREAU
ROOM 121

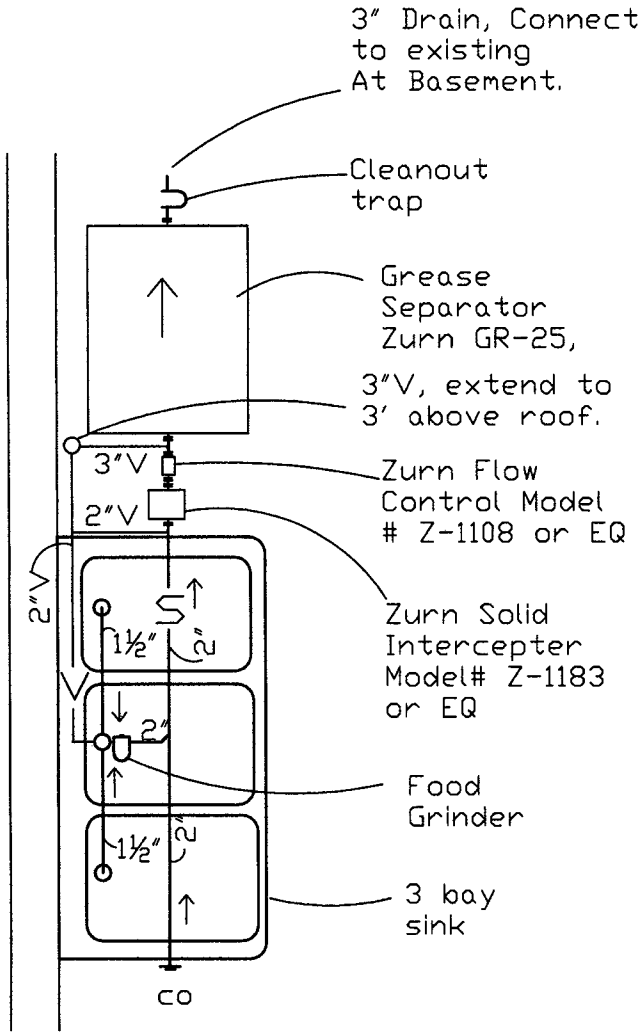
1:28PM Jan 18/06
01-0002 001 Tony
#54877

Build Permit $90.00
INFO 711 N GOODMAN

CASH $90.00

INSURANCE: Y
OPEN CASE: 000000
 # OF PLANS: 0

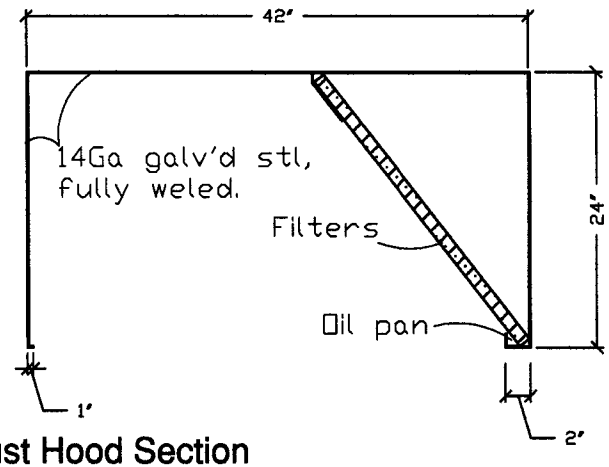
PERMITB PS



Grease Trap Plumbing Plan

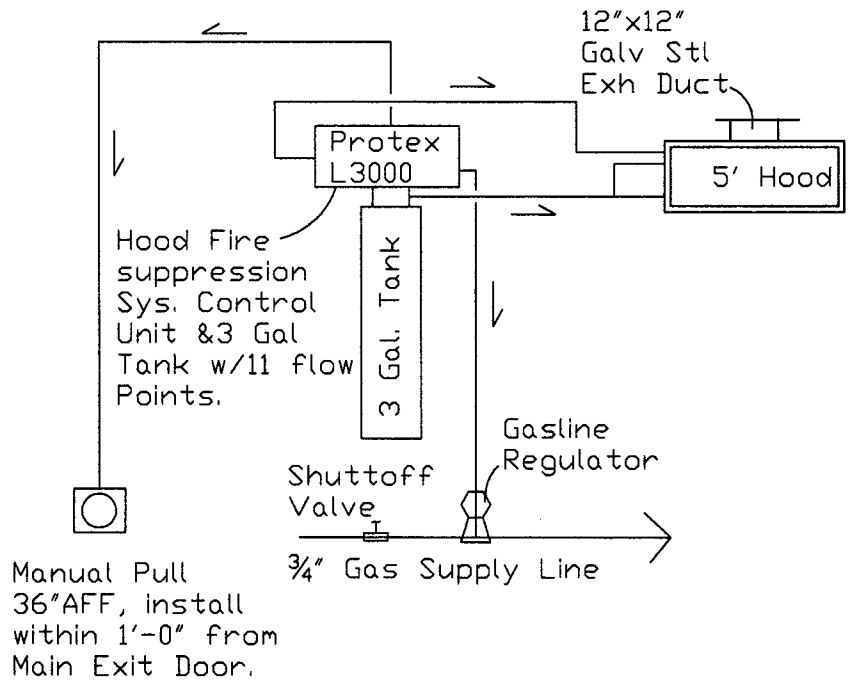
1

Note:
1. Grease intercepter inlet shall not be more than 30" Vertically and 60" developed length of waste pipe from the most upstream fixture outlet.
2. the Piping for waste and vent shall be Sch. 40 PVC or Cast Iron.



Exhaust Hood Section

2



Hood Fire Suppression Diagrams

3

Project:

711 Goodman St.
Takeout Restaurant
711 Goodman St.
Rochester, NY

Owner:

Takeout Restaurant
711 Goodman St.
Rochester, NY

GRH Architecture & Construction
333 Glen Haven Road
Rochester, New York 14609
Tel/Fax: (585) 654-6000
Email: grh@rochester.rr.com

Consultant:

REGISTERED ARCHITECT
G. REZA HOURMANESH
EXCELSIOR
022200
STATE OF NEW YORK

Date:

Revisions:

Rev.	Description	By	Date

NOTE:
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GRH Architecture & Construction

Sheet title:

Plumbing & Fire Supperssion

Seal:

As shown-nts

1-11-06

A-2

GENERAL NOTES

1. Contractor shall comply with all Federal, State, and Local Laws, Regulations, and Building Codes.
2. Install all materials incorporated in this project in accordance with the MFR's direction.
3. Notify the Architect if the existing condition(s) differ from what is shown on the drawings.
4. Provide Smoke and Fire Detection and Alarm System as per NYS Building Code in the Kitchen Area.
5. Field Verify all Dimensions and Conditions.
6. All Kitchen equipment including Hood, Exhaust Duct & Fan, shall be UL rated and or approved by City Of Rochester Fire Marshall/Code Officer.
7. All Private and or Governmental Fees and Permits related to this Project is by the Contractor.
8. The Contractor is responsible to obtain and secure the required VARIANCES & Partial Certificate Of Occupancy from the governmental agencies having jurisdiction over this project.
9. Contractor shall notify the Building Inspector and Fire Marshall at proper intervals as required for timely inspection.
10. Provide electrical Lighting and related items as per Owner's requirement and in accordance with NYS Building Code.
11. Seal duct penetration at roof with fire proofing sealant water-tight.
12. All Plumbing work shall comply with NYS & Local Codes.
13. The design layout of the Hood fire suppression system has been provided is by the Fire Protection Contractor.
14. All New Door Hardware shall comply with ADA requirements.
15. The 3 Bay kitchen Sink discharge drain shall be connected to the Grease Separator prior to connection to the exisitng Sewage line.
16. The Hood shall extend a Minimum of 6" beyond any Kitchen appliances that is protecting.
17. Extend the Exhaust Duct a min of 42" above the Roof line (Obtain VARIANCE for this Item - The Prefab. Exhaust fan Curb is only 12" high).
18. Provide a Min. of 2" Air space speration between the Exhaust Duct and the exisitng building materials.
19. The Exhaust Hood Fire supperssion System shall meet the UL300.
20. The Exhaust fan Shall meet the UL 762.
21. Provide Makeup Air as per International Mechanical Code and NYS applicable Codes.
22. Provide an illuminated EXIT SIGN (Lithonia, Quantum-Model LQM) above the main Exit Door.
23. Provide Lithonia, Quantum-Model ELM2 Emargency Light to illuminate the path of Exit from the Kitchen Area.
24. Provide electrical Lighting and related items as per Owner's requirement and in accordance with NYS Building Code.
25. Seal duct penetration at clg/roof w/fire proofing sealant water-tight.
26. patch interior and roofing as required to match existing.
27. Provide hardwire Fire & Smoke Detection system in the Kitchen area.
28. Provide one Emergency Light s at Kitchen & Service area.
29. Provide Lithonia, Quantum-Model ELM2 (or Equal) Emergency lighting in the Kitchen and sink Area.
30. Provide Lithonia, Quantum-Model LQM (or Equal) Exit Sign lighting at all Exit Doors.
31. Provide Hardwire Reliable Co, Ionization Smoke Detector (or Equal) in the Kitchen Area.

EXHAUST FAN

A. Appliances Area
   1. Fryer: 30"x16"/144 = 3.33 SF
   2. Griddle: 30"x24"/144 = 5.0 SF
   Total Cooking (Firefoot) Area = 8.33 SF

B. Quantity of Conbtaniated Air (QC)
   1. Fryer: 3.33x85 FPM = 284 CFM
   3. Griddle: 5.0x85 FPM = 425 CFM
   TOTAL QC = 709 CFM

C. Total Hood Area less Firefoot (QF)
   1. Hood Area: 5'x3.5' = 17.5 SF
   2. Firefoot Area: 17.5 SF
   3. QF = (17.5 SF-8.33 SF) x 50 FPM = 459 CFM

D. Total Exhaust Air (QE)
   1. QE=(QC+QF)xhood factor = (709+459)x1.0= 1168 CFM

E. Makeup Air
   1. provide a minimum of 1000 CFM Makeup Air.

F. International Mechanical Code Method
   1. 5' Hood Lenght x 350 CFM/Lft = 1750 CFM

NOTE: Provide an Upright Exhaust fan with 1500 CFM Capacity.
Provide Min 10'-0" separation from the exh Fan to any Exterior Openings.

GREASE INTERCEPTER:

A. Fixtures
1. 3 Bay Pot Sink:
PDI Tab A1.7-3 Fix. Unit-2" Outlet = 22 GPM
Total Fixture Load = 22 GPM
PDI Tab. A1.7 Requires a 25 GPM Grease Intercepter.
Provide Zurn, Model GR-25 Grease Intercepter (50Lbs Grease Capacity, & 3" Dia Inlet & Outlet).

Project:

711 Goodman St.
Takeout Restaurant
711 Goodman St.
Rochester, NY

Owner:

Takeout Restaurant
711 Goodman St.
Rochester, NY

GRH Architecture & Construction
333 Glen Haven Road
Rochester, New York 14609
Tel/Fax: (585) 654-6000
Email: grh@rochester.rr.com

Consultant:

REGISTERED ARCHITECT G. REZA HOURMANESH 022200 STATE OF NEW YORK EXCELSIOR

Date:

Revisions:

Rev.	Description	By	Date

NOTE:
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Sheet title:

General Notes & Data

Seal:

Scale: see bar scale

Date: 1-11-06

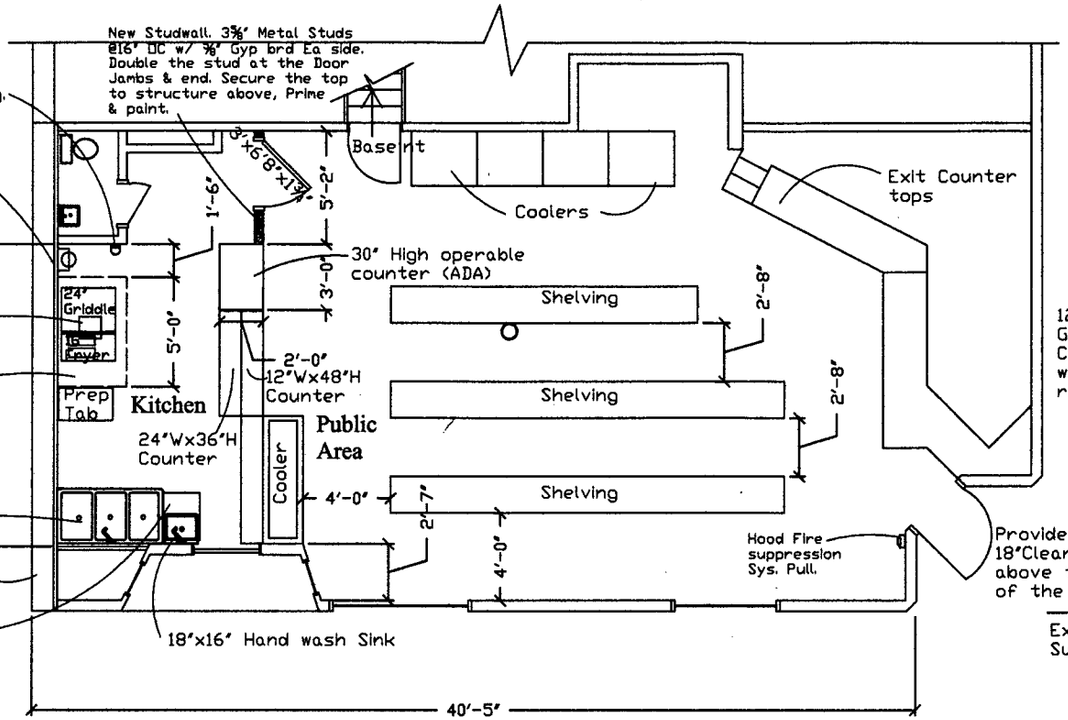
Drawing Number: A-3

12"x12", 16GA Fully Welded Galv Exh. Duct brace to Exisiting roof structure w/1½"x1½"x⅛" Galv Stl angles. Carry Duck up thru the Roofing sys. & Extend Duct Min of ±12" Above Roof line. Install Exh Fan on top of prefabricated insulated Curb Securely. Provide min of 2" Air-Space between Exh. duct & existing CLg/roofing Sys. Insulate the Duck with min 1" mineral wool thru out the it's lenght. Provide min of 2" airspace around the Exh Duct at all penetrations and any adjacent building materials.

5'-0"x3'-6", 16 Ga fully welded Box Exhaust Hood & Duct. Hood, front shall be 6'-6"(Min) A.F.FL. Provide min. 18" clearnace space at sides and between top of the Exh. Hood and exisitng metal clg.

Exist. 3 bay (56" x 25") Pot sink

exist. Grease separator, ensure that it has a min. capacity of 25 GPM. See Det. For Plumb'g



Kitchen Floor Plan

0 1' 4' 8' 20'

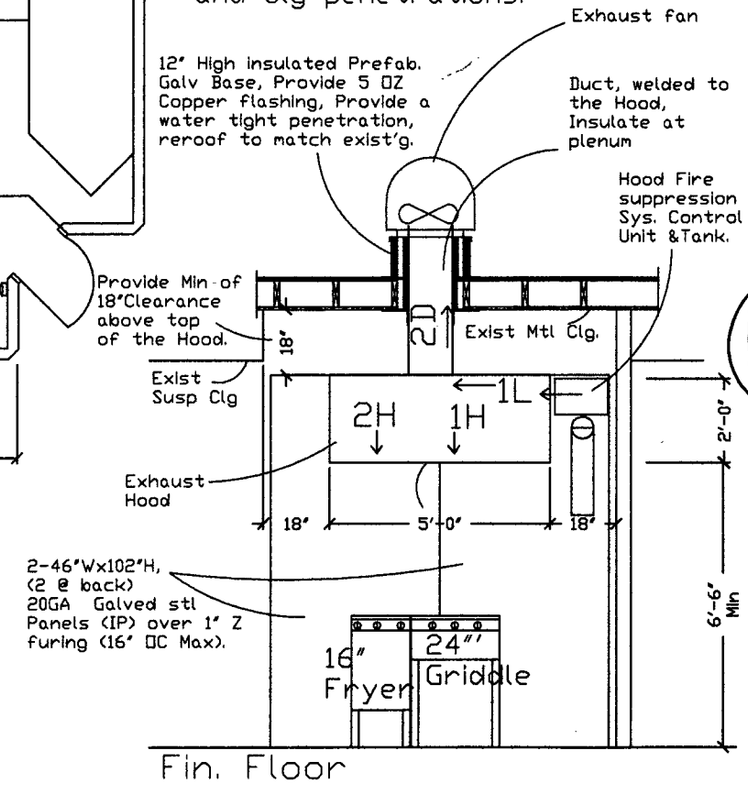
¼" = 1'-0"

1

NOTES:

1. Remove Existing Electric recepticles/light fixtures elec. wiring where wall panels & Exhaust Hood are being installed.
2. The Piping for waste and vent shall be Sch. 40 PVC or Cast Iron.
3. Remove Exit. suspneded Clg. Sys around the Exhaust Hood (Min 18" clear Space) Vertical Duct penetration, enclose with stn stl colour.
4. Prime and paint new walls, doors, etc. as required.

Note:
1. Provide a water tight penetration thru the roofing System. Provide a minimum of 2" Airspace around the roof pentration. Provide a non-combustiable flanges (Stn Stl) at roof and Clg penetrations.



Exhaust Hood Elevation

½" = 1'-0"

2

Project:

711 Goodman St.
Takeout Restauran
711 Goodman St.
Rochester, NY

Owner:

Takeout Restauran
711 Goodman St.
Rochester, NY

GRH Architecture & Construction
333 Glen Haven Road
Rochester, New York 1460
Tel/Fax: (585) 654-6000
Email: grh@rochester.rr.co

Consultant:

REGISTERED ARCHITECT REZA HOURMANESH EXCELSIOR 022200 STATE OF NEW YORK

Date:

Revisions:

Rev.	Description	By	Date

NOTE:
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GRH Architecture & Construction

Sheet title:

Plans, Elevation & Notes

Seal:

1-11-06
Date

see bar scale.

A-1

1 of 3

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 06-03830

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 189	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME AREA ARTISTS INC PHONE

BUSINESS OWNER JEFF

ADDRESS D-242A PHONE 756 2884

BUSINESS EMERGENCY

ADDRESS PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: Capt. Copie	COMPANY Qm9	DISTRICT 1	GROUP 1	DATE 4/6/06
BUS/PROP REPRESENTATIVE X Gene Rendsland	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
1/2/06	11:30	X	

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			

LOCATION OF SYSTEM CYLINDERS

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
		X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1999	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name

Address

City

Telephone Store No.

Owner or Manager

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

1. All appliances properly covered w/correct nozzles — Yes
2. Duct and plenum covered w/correct nozzles — Yes
3. Check positioning of all nozzles. — Yes
4. System installed in accordance w/MFG UL listing — Yes
5. Hood/duct penetrations sealed w/weld or UL device — Yes
6. Check if seals intact, evidence of tampering — Yes
7. If system has been discharged, report same —
8. Pressure gauge in proper range (If gauged) — 150 psi
9. Check cartridge weight (If applicable) —
10. Hydrostatic test date — 1999
11. 6 year maintenance date — NA
12. Inspect cylinder and mount — Yes
13. Operate system from terminal link — Yes
14. Test for proper operation from remote — Yes
15. Check operation of micro switch — Yes
16. Check operation of gas valve — Yes
17. Clean nozzles — Yes
18. Proper nozzle covers in place — Yes
19. Check fuse links and clean — Yes
20. Replaced fuse links — No
21. Check travel of cable nuts/S-hooks — Yes
22. Piping & conduit securely bracketed — Yes
23. Proper separation between fryers & flame — Yes
24. Proper clearance-flame to filters — Yes
25. Exhaust fan in operating order — Yes
26. All filters replaced — NA
27. Fuel shut-off in on position — Yes
28. Manual & remote set/seals in place — Yes
29. Replace systems covers — NA
30. System operational & seals in place — Yes
31. Slave system operational — Yes
32. Clean cylinder & mount — Yes
33. Fan warning sign on hood — Yes
34. Personnel instructed in manual operation of system — Yes
35. Proper hand portable extinguishers K-1 — No
36. Portable extinguishers properly serviced — Yes
37. Service & Certification tag on system — Yes

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS:

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X						
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT
			11:50	X		

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

#06-2nd

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST Richards
☐ PERMIT ☐ WEST
☐ COMPLAINT REFERRAL ☐ SPECIAL

LOCATION: 274 Goodman St. N

Person contacted:

12-30-05 DATE RECEIVED IN FIRE SAFETY:

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

Ricky's Place

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
1/6/06									X	AR
								APPROVED 1/9/06		

	Y	N
Sprinkler System		
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		
Posted Occupancy		

Permit# _____

Local **Central** (circle one)

APPROVED
FIRE SAFETY DIVISION

Al Richards
Fire Marshal

CLS1080

Date Printed: December 29, 200

City of Rochester
City Code License - Second Hand Dealer
For Application#: 66

Current Status/Date: **12/28/2005 P - Pending**

Applic. Date: **12/28/2005** Issue Date: Start Date: **01/01/2006** Expiration Date: **12/31/2006**

General Comments:

License Fee: **$150.00** ***** RENEWAL LICENSE ***** Last Chgd: **12/29/2005 lilld**

Applicant: **Ricky Sands** Residence: **195 Wimbledon Rd**

DOB: **06/20/1934** Home Phone: **(585) 544-0009** City, State, Zip: **Rochester, NY 14617**

Business Name: **Ricky's Place** Business Phone **(585) 442-0042**

Business Name:

Activity: **new & secondhand jewelry and clothes**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **No**

Zoning Approval CZC#: **1010108** Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **12/28/2005** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **12/28/2005** Reviewer:

Activity Code: **2**

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **12/29/2005** Reviewer: **richarda**

Occupancy: Cart Inspection Date: Approved: **No** 1/6/06

Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: / Reviewer:

Comments:

City of Rochester

Fire Safety Division
Fire Department

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037
(716) 428-6069 Fax

DATE: 12-30-05

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the Emergency Lts. & Fire Alarm Test

at the premises located at 274 N. Goodman St.

No violations were noted.

OK

Sincerely,

Gary Isaacs
Code Enforcement Officer
(716) 428-7037

(alrmtest)

NEW YORK STATE DEPARTMENT OF STATE
OFFICE OF FIRE PREVENTION AND CONTROL

HAZARDOUS MATERIALS REPORT FORM
(General Municipal Law, § 209-u)

Sent out 2-22-06 to Haz Mat

The information entered herein is essential to your local fire chief for the protection of your employees, the firefighters and citizens in the immediate area, and to reduce damage to your property in the event of a fire or an emergency.

Every fire insurance policyholder, engaged in commerce in this state, is required by law to report the presence of hazardous materials at their business address.

Failure to file in accordance with the provisions of section 209-u of the General Municipal Law could result in a fine.

A separate report is required annually for each business address.

WHEN COMPLETED, THIS FORM MUST BE SENT TO YOUR LOCAL FIRE DEPARTMENT.

		Hazardous Materials Location*	
Firm Name	Expedite Ventures Inc.	Street Add. Only	NONE ON SITE
Bus. Add.	274 N Goodman St	Bldg. Name or No.	
City, State, Zip	Rochester, NY 14607	City, State, Zip	
Tel. No.	(585) 454-6950 ext 104	Policy Anniv. Date	Policy # 265BWBW1033
Name of Emergency Contact	Tim Dougherty	Bus. Tel	(585) 454-6950 Home Tel.

X 12/14/05
(Signature and Title of Person Completing Form)

*It is suggested that a separate form be filled out for each building that contains hazardous materials.

EXEMPTIONS

Requests for exemptions from this law must be made in writing, attached to this form, and filed annually with your local fire department not later than the anniversary date of your policy.

All exemptions approved shall expire on the next policy anniversary date.

Exemptions denied shall require that the insured file a completed hazardous materials report form within 15 days of denial.

FOR FIRE DEPARTMENT USE ONLY

Exemptions: Approved _____ Denied _____ Additional Information Needed _____

(Date) (Signature of Fire Chief)

(Fire Department Name and Address) (Print Name of Fire Chief)

V Hazardous Material Listing (attach additional sheets if necessary)

Note: Definitions of symbols are on the second page of the instruction sheet.

NONE

Identifying Symbol	Material Description & Proper Shipping Name	Total Amount	Identifying Symbol	Material Description & Proper Shipping Name	Total Amount
EXPLOSIVE / BLASTING AGENTS			NON-FLAMMABLE GAS		
POISON GAS			OXIDIZER		
POISON / IRRITANT			ORGANIC PEROXIDE		
FLAMMABLE LIQUID			RADIOACTIVE		
COMBUSTIBLE LIQUID			CORROSIVE		
FLAMMABLE SOLID			DANGEROUS WHEN WET		
FLAMMABLE GAS			ETIOLOGIC AGENTS BIOMEDICAL MATERIAL IN CASE OF DAMAGE OR LEAKAGE NOTIFY DIRECTOR CDC ATLANTA, GEORGIA 404/633-5313		

VI Special Considerations/Remarks:

CITY OF ROCHESTER, NEW YORK
APPLICATION FOR PERMIT

BLDG APRV
437

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUREAU OF BUILDINGS AND ZONING
ROOM: 121-B TELEPHONE: 428-6526
30 CHURCH ST. CITY HALL

503

WORK LOCATION:	0274 N GOODMAN ST		**DATE:** 12/06/05
OWNER NAME:	GARY I & MARCIA STER	585 000-0000	
CONTRACTOR NAME:	SECURITY BEYOND	585 529-5332	
ARCH./ENG. NAME:	THOMAS DOUGHTY	585 387-7190	**APPLICATION NUMBER:**
APPLICANT NAME:	MICHAEL MCCOOEY	585 529-5332	
APPLICANT ADDRESS:	19 CAYWOOD LA FAIRPORT NY 14450		1056787 A

PERMIT DESCRIPTION:

ADD TO EXISTING FIRE ALARM SYSTEM IN SUITE #D-103

CERTIFICATE OF OCCUPANCY:

CZC SUBJECT TO:

PROPOSED WORK: FIR/SMOKE

CONSTRUCTION TYPE: NON APPLICABLE

OCCUPANCY OR USE:

PRESENT USE:

Proposed use: BUSINESS OFFICES

APPROVALS:

Spc Pmt	
CZC	0000000
Zon Dist.	M-1
P/L	N
HTD	
C of A	
Var	
Site pl	0000000

COST ESTIMATE:
EXCLUDE electrical & plumbing work
INCLUDE heating air conditioning etc

$ 200

PERMIT FEE:

Base pmt fee	50.00
Penalty fee	0.00
Stop work fee	0.00
TOTAL	50.00

CERTIFICATION: I am the owner/contractor/architect/engineer/or owners agent authorized to make this application

Applicants Signature _____ **Date** _____

APPROVALS:

Zoning	Date
Fire Safety	Date 12-15-05
Plumbing	Date
D.E.S	Date
Housing & Project Development	Date
Property Conservation	Date
Buildings	Date

for Commisioner of Community Development

FEE PAID

BUILDING BUREAU
ROOM 121

12:22PM Dec 6/05
01-0002 001 CV
#52173

Build Permit $50.00
INFO 274 N GOODMAN

Charge $50.00

INSURANCE: Y
OPEN CASE: 000000
 # OF PLANS: 1

PERMIT B PS

Avoidable Alarm Report

City of Rochester

1. ☒ Fire Incident # 05 050 14 ☐ Police CR #

2. Date Sat | 11 | 19 | 05 (DOW MM DD YY)

3. Time 02:37 (24 Hr. Clock)

4. Car Beat # (For Alarm Location)

5. ☒ Permit # 105
☐ Permit # Not Available, Explain:

6. Violation
☐ No Permit ☐ Audible over 15 minutes
Summons #
Date Issued: Month Day Year

7. Address: 274 N. Goodman St
Street # Street Name Bldg/Rm/Apt #

8. System User: Village Gates
Business/Resident Name

9. ☐ Person/Agency Contacted:
☒ Person Responded: Gary Stern
☐ No Person Responded

10. Type of Alarm: a☐ Burglary b☐ Robbery c☐ Trouble d☒ Fire e☐ Waterflow f☐ Emergency Medical

11. How Notified: a☒ Central Station b☐ Automatic Tape Dialer c☐ Direct Connect d☐ Local Alarm e☐ Municipal Box Alarm f☐ Other

12. Apparent Cause of False Activation: a☐ Malfunction b☒ Deliberate c☐ No Cause Apparent/Unknown d☐ Accident/Negligence

13. Narrative: Person Pulled Box on 5th Floor. ~~Flase~~ False Call.

14. Report Prepared By:
Capt. D. Peterson Q4 GR2
Rank Name ID # Car#Co.#

15. Approved By:
Rank Name ID #

COPY

NOTICE TO USER:

The Rochester Police/Fire Department responded to an avoidable alarm at this location on the date shown above. This avoidable alarm resulted in an emergency response when in fact no emergency existed. Each year avoidable alarms take a large amount of Police and Fire Department time - time that may be needed for real emergencies.

Under the City of Rochester's alarm ordinance, alarm systems with more than three avoidable alarms will pay an additional $25 for each such alarm as part of the renewal fee. You will be notified by mail when you have had three avoidable alarms and regularly of any additional alarms. If you think that the alarms were unavoidable, you will be offered the opportunity of a hearing after the fourth and subsequent alarms.

If this alarm was not caused deliberately, negligently or accidentally, you may want to contact your alarm dealer to check your system.

If you have no permit for your alarm, a code violation ticket will be issued. If you do not get an alarm permit within 25 days of the ticket, the fine is $100.

For more information on the alarm ordinance and on this alarm, you may contact:

Police Section Crime Prevention Officer, _____,
or License/Warrants Unit at 428-6543 for police alarms; or
Fire Safety Division at 428-7037 for fire alarms

CITY OF ROCHESTER, NEW YORK
APPLICATION FOR PERMIT

BUILDING
437

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUREAU OF BUILDINGS AND ZONING
ROOM: 121-B TELEPHONE: 428-6526
30 CHURCH ST. CITY HALL

WORK LOCATION:	0274 N GOODMAN ST		**DATE:** 09/08/05
OWNER NAME:	GARY I & MARCIA STER	585 000-0000	
CONTRACTOR NAME:	THE CABOT GROUP	585 314-6840	
ARCH./ENG. NAME:	THOMAS DOUGHTY	585 387-7190	**APPLICATION NUMBER:**
APPLICANT NAME:	KIRK OLSEN	585 314-6840	
APPLICANT ADDRESS:	130 LINDEN OAKS ROCHESTER NY 14625		1056787

PERMIT DESCRIPTION:

INTERIOR RENOVATIONS TO EXPAND TENANT SPACE FOR CHILDREN'S INSTITUTE
SUITE # D-103, 1ST FLOOR, TO OCCUPY SPACE OCCUPIED BY MOODMAKERS & BOOKSTORE

CERTIFICATE OF OCCUPANCY:

CZC SUBJECT TO: None

PROPOSED WORK: ALTERATION

CONSTRUCTION TYPE: NON COMBUSTIBLE

OCCUPANCY OR USE:

PRESENT USE:

Proposed use: BUSINESS OFFICES

APPROVALS:

Spc Pmt
CZC 1051757
Zon Dist. M-1
P/L N
HTD
C of A
Var
Site pl

COST ESTIMATE:
EXCLUDE electrical & plumbing work
INCLUDE heating air conditioning etc

$ 100,000

PERMIT FEE:

Base pmt fee	1,050.00
Penalty fee	0.00
Stop work fee	0.00
TOTAL	1,050.00

COMM. SPRINKLER ALTERATIONS FOR THIS TENANT EXPANSION

CERTIFICATION: I am the owner/contractor/architect/engineer/ or owners agent authorized to make this application

Applicants Signature _____ **Date** _____

APPROVALS:

Zoning	**Date**
Fire Safety H Isaacs	**Date** 10-3-05
Plumbing	**Date**
D.E.S	**Date**
Housing & Project Development	**Date**
Property Conservation	**Date**
Buildings	**Date**
for Commisioner of Community Development	

FEE PAID

INSURANCE: Y
OPEN CASE: 000000
 # OF PLANS: 2

BB / IS / FS

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☑
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. Goodman St.

DATE RECEIVED IN FIRE SAFETY: 8/25

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
8/25		Request by Lt. Murray (Rescue 11) to have mail box moved. - presently obstructing the fire escape ladder from descending.								
		- Spoke to John Gallery (546-6425) at the post office (250 Cumberland.) he stated the Box will be Moved								RoBB
9/8	3:25	Drive By (not done) John Gallery on Vacation Im to call and ask for Mike Grossman								RoBB
9/13		- Spoke to John Gallery - he stated a work order was submitted - he is to follow up and get back to me -								
9/23		Mail Box Moved							OK	RoBB

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

3-20

COMPANY R11

INSPECTION # 05-07183

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

BUSINESS NAME ~~HOUGHTON COLLEGE BOOK STO~~ PHONE
BUSINESS OWNER ~~HOUGHTON COLLEGE BOOK STORE~~
ADDRESS ~~274 N GOODMAN ST~~ ~~ROCHESTER~~ NY14607
PHONE 454 2910
BUSINESS EMERGENCY ~~BARB BATES~~
ADDRESS
PHONE ~~307 7574~~

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	Moving To: New Location				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
	R11		3	8/12/05
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

302 BLD.

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

3-21

COMPANY R11

INSPECTION # 05-07186

ADDRESS: GOODMAN ST N

FROM / TO: 274

TAX ACCT #

PROPERTY OWNER: GARY I STERN

ADDRESS: 274 N GOODMAN ST

PHONE: 442-9061

CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY

ADDRESS: 274 N GOODMAN ST

PHONE:

CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN

ADDRESS: 40 EVANDALE RD

PHONE: 461-9867

CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

BUSINESS NAME: ONONDAGA SCHOOL OF THERAP PHONE:

BUSINESS OWNER:

ADDRESS: SHARON LEWIS 590 TARRINGTON RD. Roch 14609 PHONE: cell 943-1044 #1

BUSINESS EMERGENCY: ~~HAZEL STEWART (C)880-7030~~ cell 943 1146 #2

ADDRESS: ~~72 KARENLEE DR ROCHESTER NY14618~~ PHONE: ~~424 4333~~

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
[signature]	R-11		3	8/12/05
BUS/PROP REPRESENTATIVE: Sharon Lewis	POSITION / TITLE: DIRECTOR			DATE OF REINSPECTION: 8/12/05
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

3-16

COMPANY R11

INSPECTION # 05-07177

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME CALIFORNIA ROLLIN SUSHI — PHONE
BUSINESS OWNER TOM BEAMAN
ADDRESS 274 N GOODMAN ST — ROCHESTER — NY14607
PHONE 271 8990
BUSINESS EMERGENCY TOM BEAMAN
ADDRESS 9 CROSSROAD DR — ROCHESTER — NY14609
PHONE 256 2762

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Duplicate

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☒ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☒ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: LT S. Pafetti	COMPANY R-11	DISTRICT	GROUP 3	DATE 8/12/05
BUS/PROP REPRESENTATIVE: Julia Blazak	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

3-17

COMPANY R11

INSPECTION # 05-07178

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME CALIFORNIA ROLLIN SUSHI B PHONE

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY

ADDRESS

PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☒ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☒ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: TLT S. Patitt	COMPANY R-11	DISTRICT	GROUP 3	DATE 8/12/05
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
7-16-05	1:35		X

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			

LOCATION OF SYSTEM CYLINDERS: On wall left w. of hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Ray Guard	4 G	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
4-Gal		

FUSE LINKS 360° F	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	1		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	3/4"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1999	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name California Rollins

Address 274 N. Goodman Village Gate Plaza

City Rochester, NY 14607

Telephone 271-8990 Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

20" Fryer	6 burner range		

1. All appliances properly covered w/correct nozzles	Yes	20. Replaced fuse links	NO
2. Duct and plenum covered w/correct nozzles	Yes	21. Check travel of cable nuts/S-hooks	Yes
3. Check positioning of all nozzles.	Yes	22. Piping & conduit securely bracketed	Yes
4. System installed in accordance w/MFG UL listing	Yes	23. Proper separation between fryers & flame	Yes
5. Hood/duct penetrations sealed w/weld or UL device	Yes	24. Proper clearance-flame to filters	Yes
6. Check if seals intact, evidence of tampering	Changed	25. Exhaust fan in operating order	Yes
7. If system has been discharged, report same	N/A	26. All filters replaced	NO
8. Pressure gauge in proper range (If gauged)	Yes	27. Fuel shut-off in on position	Yes
9. Check cartridge weight (If applicable)	N/A	28. Manual & remote set/seals in place	Yes
10. Hydrostatic test date	1999	29. Replace systems covers	NO
11. 6 year maintenance date	NO	30. System operational & seals in place	Yes
12. Inspect cylinder and mount	Yes	31. Slave system operational	N/A
13. Operate system from terminal link	Yes	32. Clean cylinder & mount	Yes
14. Test for proper operation from remote	Yes	33. Fan warning sign on hood	Yes
15. Check operation of micro switch	N/A	34. Personnel instructed in manual operation of system	Yes
16. Check operation of gas valve	Yes	35. Proper hand portable extinguishers	Yes
17. Clean nozzles	Yes	36. Portable extinguishers properly serviced	Yes
18. Proper nozzle covers in place	Yes	37. Service & Certification tag on system	Yes
19. Check fuse links and clean	Yes	NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS: _____

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT
X Eugene J Bortle	E00201	7/16/05	2:00		X	[signature]

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

Lakeshore Fire Protection, Inc.
Fire Protection Specialists
845-A Maple Street
Rochester, New York 14611
585-529-3850
FAX 529-3585

8130

Customer
SALINAS
VILLAGE GATE 274 N. Goodman
Roch.

Service Date 5/18/05
VOID 6 MONTHS FROM ABOVE DATE

SEMI-ANNUAL MAINTENANCE OF AUTOMATIC FIRE SUPPRESSION SYSTEM

SYSTEM MANUFACTURER ( ) Pyro Chem ( ) Protex ( ) Ansul ( ) Range Guard ( ) Kidde
MODEL Pkc 275 CYLINDER SIZE 2.75 GAL NO. CYLINDERS 1
HYDROTEST DATE 11/02 DATE PREVIOUS SERVICE 12/04 GAUGE PSI 115
PILOT CARTRIDGE ( ) Replaced (✓) Checked ( ) N.A. Date Replaced ___/___/___
NO. OF NOZZLES Plenum 2 Duct 2 Surface 4
NO. OF FUSIBLE LINKS 360° ___ 500° ___ Replaced ( ) Yes (X) No
REMOTE MANUAL PULL ( ) None installed ( ) None required (✓) Accessible ( ) Non accessible
NOZZLE CAPS (✓) OK Number missing ___ Number replaced ___
NOZZLES CONDITION (✓) Good ( ) Fair ( ) Poor ( ) Cleaned
CYLINDER ACCESSIBILITY (✓) Accessible ( ) Non-accessible
FUEL SHUT OFF-GAS (✓) Operational ( ) Non-operational ( ) Not required ( ) None installed
FUEL SHUT OFF-ELECTRIC ( ) Operational ( ) Non-operational ( ) Not required ( ) None installed
FIRE ALARM TIE-IN ( ) Operational ( ) Non-operational ( ) Not required ( ) None installed
HOOD CONDITION (✓) Clean ( ) Greasy
FILTER CONDITION (✓) Clean ( ) Greasy
DUCT CONDITION (✓) Clean ( ) Greasy

THIS FIRE SUPPRESSION SYSTEM MEETS CURRENT N.F.P.A. 96
REQUIREMENTS FOR FULL SURFACE PROTECTION AND FUEL SHUT OFF (✓) Yes ( ) No

SYSTEM DEFICIENCIES ___

PORTABLE EXTINGUISHERS ( ) 40BC Rated Sodium Bicarb or Potassium Bicarb ( ) Yes ( ) No For Dry Chemical Systems
(✓) K-Type (✓) Yes ( ) No For Wet Chemical Systems

PORTABLE EXTS. (✓) Inspect Qty. 2 # FOR RECHARGE ___ DATE ___

ANY review, recommendation, or inspection made by this company relates solely to fire insurance rating consideration. No representation or warranties of any kind are intended or made.

I, the undersigned, hereby agree that in the event of default of payment of the amount due for this inspection and if this account is placed into the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agencies and attorneys fees and court costs incurred and commanded by law governing these actions in the state of New York.

TERMS: Cash or check only. (unless prior credit approval has been made with our office). A service and handling charge of 2% per month ($2.00 minimum) will be added on all invoices over 30 days (annual rate of 24%).

AUTHORIZED BY X ___ TITLE ___

SERVICED BY ___

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

Name: Gary Stern Date: 5-2-05

Address: 274 N. Goodman Street

City, State, Zip Rochester, NY 14607

Inspection of the premises located at **274 N. Goodman St.**, reveals violations of the Rochester Fire Prevention and/or New York State Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of a Municipal Code Violation Ticket(s) with the following penalties.

	INITIAL	FAILURE TO RESPOND
1ST OFFENSE	$ 75.00	$150.00
2ND OFFENSE	$150.00	$300.00
3RD OFFENSE	$375.00	$750.00

New York State Fire Code: Chapter 9, section 903.3.3 - Obstruction to sprinkler heads.
Hickok Center-C264 (Current head obstructed, furnace room built to close to head and/or incorrect head in use. Loft area) (Therapy area, first floor, fluorescent ceiling light fixtures install as to obstruct sprinkler heads)

CORRECTED

NYS Fire Code: Chapter 10, section 1012.7.4 - Exit signs through out complex in violation. Exit signs shall be internally or externally illuminated. (Bulbs out/blown)

COMPLETED

NYS Fire Code: Chapter 10, section 1012.9 - Emergency illumination. Emergency battery Back-up lighting not operative through out complex.

Received by: _____ _____ _____
NAME TITLE DATE

By Order of
Fire Marshal

Fire Marshal _____
Allyn J. Borrino

DATE OF COMPLIANCE 8/.5/05

Fire Marshal _____

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

Name: Elaine Camarella Date: 5-2-05

Address: 274 N. Goodman St. Suite C264

City, State, Zip Rochester, NY 14607

Inspection of the premises located at **274 N. Goodman St.**, reveals violations of the Rochester Fire Prevention and/or New York State Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of a Municipal Code Violation Ticket(s) with the following penalties.

	INITIAL	FAILURE TO RESPOND
1ST OFFENSE	$ 75.00	$150.00
2ND OFFENSE	$150.00	$300.00
3RD OFFENSE	$375.00	$750.00

CORRECTED

- **New York State Fire Code: Chapter 3, section 305.1** - Combustible materials stored to close to ignition source (furnace)
- **NYS Fire Code: Chapter 3, section 315.2.4** - Combustible storage under stairs in under-rated, unprotected area
- **NYS Fire Code: Chapter 7, section 703.1** - Fire rated wall shall be maintained. Electrical cable penetration through wall shall be protected in an approved method.
- **NYS Fire Code: Chapter 9, section 903.3.3** - Obstruction to sprinkler heads. (Current head obstructed, furnace room built to close to head or incorrect head. Loft area) (Therapy area, first floor, Fluorescent light fixtures install as to obstruct sprinkler heads)

See Gary Stern n/v 5-27-05 AJB

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal [signature]
Allyn J. Borrino

DATE OF COMPLIANCE 5-27-05

Fire Marshal [signature]

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

Inspection Contract No. _____
Bureau File No. _____

REPORT OF INSPECTION

REPORT TO Stern Properties
STREET 274 North Goodman Street
CITY & STATE Rochester, New York 14607

BUILDING OR LOCATION Bldg. C Riser #7
INSPECTOR Darrell Foster
DATE 5-19-05

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection None
B Describe fire protection modifications made since last inspection None
C Describe any fires since last inspection None
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?		✓	
e. Does the hand hose on the sprinkler system appear to be satisfactory?	✓		
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?	✓		
c. Are they accessible and visible?	✓		
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d. Were low points drained during this inspection?		N/A	
e. Did quick-opening devices operate satisfactorily?		N/A	
f. Did the dry valve trip properly during the trip test?		N/A	
g. Did the heating equipment in the dry-pipe valve room operate at the time of Inspection?		N/A	
7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Main Shop		
e. Temperature. Are sprinklers of proper temperatures ratings for their location?	✓		

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No. Stern Properties Bldg. C Riser #7

10. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
12. Date quick-opening device tested _____ (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

TRIP TEST TABLE

DRY PIPE OPERATING TEST

DRY VALVE MAKE - YEAR	MODEL	SERIAL NO.	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

	TIME TO TRIP THRU TEST PIPE MIN	SEC	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET MIN	SEC	ALARM OPERATED PROPERLY YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO OF NO EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve	1-6"	OS-Y	yes	NO	NO		
Other Control Valves							

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank Pump

	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test					

16. Explain any "No" answers and comments: NO Padlock on OS-Y valve may head over 50 years old

17. Adjustments or corrections made during this inspection: none

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: None

Signature: [signature] Date: 5-19-05

Signature: [signature] Date: 5-19-05

*Explain "No" answers in Item #16 ‡Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO Stern Properties
STREET 274 North Goodman Street
CITY & STATE Rochester, New York 14607

BUILDING OR LOCATION Same - System #8
INSPECTOR _____
DATE _____

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection None
B Describe fire protection modifications made since last inspection None
C Describe any fires since last inspection None
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?	✓		
c. Are they accessible and visible?	✓		
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d. Were low points drained during this inspection?		N/A	
e. Did quick-opening devices operate satisfactorily?		N/A	
f. Did the dry valve trip properly during the trip test?		N/A	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?		Maintenance shop	
e. Temperature. Are sprinklers of proper temperatures ratings for their location?	✓		

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No. Stern Properties System #8

10. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
12. Date quick-opening device tested _____ (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

TRIP TEST TABLE

DRY VALVE

MAKE - YEAR	MODEL	SERIAL NO.	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

DRY PIPE OPERATING TEST

	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO OF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve	1-6"	OS-Y	yes	yes	NO		
Other Control Valves							

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank Pump

	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test	5-19-05	MAIN DRAIN	2"	50 lbs	47 lbs

16. Explain any "No" answers and comments _____

17. Adjustments or corrections made during this inspection: NONE

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: NONE

Signature: [signature] Date: 5-19-05

Signature: [signature] Date: 5-19-05

*Explain "No" answers in Item #16 ‡Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

Inspection Contract No. _____
Bureau File No. _____

REPORT OF INSPECTION

REPORT TO Stern Properties
STREET 274 North Goodman Street
CITY & STATE Rochester, New York 14607

BUILDING OR LOCATION same - system #9
INSPECTOR Darrell Foster
DATE 5-19-05

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection NONE
B Describe fire protection modifications made since last inspection NONE
C Describe any fires since last inspection NONE
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A.‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		N/A	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?		N/A	
c. Are they accessible and visible?		N/A	
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d. Were low points drained during this inspection?		N/A	
e. Did quick-opening devices operate satisfactorily?		N/A	
f. Did the dry valve trip properly during the trip test?		N/A	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. SPECIAL SYSTEMS - as defined in Section 1.3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?		MAINT. shop	
e. Temperature. Are sprinklers of proper temperatures ratings for their location?	✓		

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No. Stern Properties system #9

10. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
12. Date quick-opening device tested _____ (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

N/A

TRIP TEST TABLE

DRY PIPE OPERATING TEST

DRY VALVE MAKE - YEAR	MODEL	SERIAL NO.	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

	TIME TO TRIP THRU TEST PIPE MIN	SEC	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET MIN	SEC	ALARM OPERATED PROPERLY YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve							
Other Control Valves	1-6"	05-Y	yes	yes	NO		

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank Pump

	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test	5-19-05	MAIN Drain	2-"	133 165	108 165

16. Explain any "No" answers and comments: _____

17. Adjustments or corrections made during this inspection: NONE

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: NONE

Signature: [signature] Date: 5-19-05

Signature: [signature] Date: 5-19-05

*Explain "No" answers in Item #16 ‡Not Applicable

07:58:00 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	APL DTE	ISS DTE	EST COST	STATUS/DATE	
				0274 N GOODMAN	**ST**
1052619	04/18/05	04/18/05	200	PMT COMPLETED/ WITH INSP	05/04/21

ELECTRICAL: RECONNECTION UNIT D-228

1040934	02/24/04	03/11/04	30000	WAITING NEXT INSP DATE	05/03/14

COMBINE TWO TENANT SPACES BLDG B GROUND FLOOR INTO SIT DOWN COFFEE SHOP

1040317	01/22/04	01/22/04	3000	WAITING CONTRACTR CONTACT	04/01/28

ELECTRICAL: REMODEL UNIT B-120 INTO CAFE.

1038397	12/09/03	12/09/03	5000	PMT COMPLETED/ WITH INSP	05/01/12

PLUMBING: COMMERCIAL REMODELING
(1) 40 GAL. HOT WATER HEATER
PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

Jim Spear
271-8640
C-264

- furnace room build - sprinkle head up against wall - wrong head
- Comb to close to furnace.
- (2) light fixture to close to sprinkle head exercise room.
- Comb under stairs (2)
- therapy office - through penetration BX cable
- emerge exit lighting throughout
- emg light throughout

07:58:16 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1037944	11/18/03	11/18/03	100	PMT COMPLETED/ WITH INSP	03/11/25
ELECTRICAL: REACTIVATION OF SERVICE FOR APT. #A505 ONLY					
1037705	11/06/03	11/07/03	5000	PMT COMPLETED/ WITH INSP	03/11/07
ELECTRICAL-OFFICE RENOVATION SECND FLOOR-OFFICE "A"					
1034886	07/16/03	07/16/03	500	PMT COMPLETED/ WITH INSP	03/08/07
INTERIOR RENOVATIONS TO 1ST FLOOR - SPACE #D105/ENTRANCE B (MARGO'S SALON) 600 SF					
1034530	07/02/03	07/02/03	500	PMT COMPLETED/ WITH INSP	03/10/23
ELECTRICAL-COMM REMODEL FOR OFFICE SPACE B270					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:58:21 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**
				0274 N GOODMAN ST
1034529	07/02/03	07/02/03	500	PMT COMPLETED/ WITH INSP 03/07/10
ELECTRICAL-COMM REMODEL FOR B269 OFFICE SPACE ON SECOND FLOOR				
1034478	06/30/03	07/03/03	2000	PMT COMPLETED/ WITH INSP 04/04/15
ELECTRICAL; RECONNECT 22 METERS				
1034477	06/30/03	07/03/03	25000	PMT COMPLETED/ WITH INSP 04/04/15
ELECTRICAL; REPLACE 600A FUSED DISCONNECT SWITCHES & INSTALL POWER MONITORING SYSTEM (NO REQ# NEEDED PER BOB GALLUP)				
1033271	05/16/03	05/16/03	400	PMT COMPLETED/ WITH INSP 03/05/16
ELECTRICAL: TEMPORARY 100 AMP SERVICE TO FESTIVAL TENTS FOR MYKONOS RESTAURANT TO BE IN PLACE 5/15-5/21/03				

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:58:24 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1033219	05/14/03	05/16/03	450	PMT COMPLETED/ WITH INSP	03/05/28
INSTALL 2 TENTS - (1) 15' X15' AND OTHER (1) 20' X 20'					
1031350	03/10/03	03/11/03	500	PMT COMPLETED/ WITH INSP	03/03/13
ELECTRICAL-INSTALL OUTLETS IN SPACE B141					
1031349	03/10/03	03/10/03	800	PMT COMPLETED/ WITH INSP	03/05/02
CONSTRUCT 2 DRESSING ROOMS IN RETAIL SPACE B141					
1031316	03/07/03	03/07/03	1000	PMT COMPLETED/ WITH INSP	03/03/13
ELECTRICAL-INTERIOR RENOVATION ON 2ND FL-SPACE # B271,B272					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:58:30 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1031307	03/06/03	03/07/03	500	PMT COMPLETED/ WITH INSP	03/03/06

ELECTRICAL: RECONNECT SPACE D-234 (METER#92574840).

1030460	01/28/03	01/29/03	20000	WAITING NEXT INSP DATE	05/03/14

INTERIOR DEMOLITION OF C-WING REAR AREA - UPPER FLOOR REMOVAL NORTHERN MOST TWO BAYS OF TIMBER MEZZANINE FRAMING

1027237	10/17/02	10/17/02	150	PMT COMPLETED/ WITH INSP	02/10/17

ELECTRICAL: REACTIVATION OF SERVICE ONLY

1025285	07/30/02	08/01/02	4000	PMT COMPLETED/ WITH INSP	03/05/02

PLUMBING: COMMERCIAL REMODELING

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:58:34 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1024059	06/13/02	06/14/02	1400	PMT COMPLETED/ WITH INSP	02/06/14
ELECTRICAL: TEMPORARY POWER. - MDIA					
1024024	06/12/02	06/12/02	1600	PMT COMPLETED/ WITH INSP	02/06/20
INSTALL 1) 15' X 10', 1) 15' X 20', 1) 15' X 45' AND 1) 20' X 20' TENTS FOR JUNE 13, 14, 15, AND 16 2002.					
1023876	06/06/02	00/00/00		PERMIT COMPLETE-CZC ONLY	02/06/06
CZC FOR SOB LICENSE FOR LTD ADULT RETAIL STORE (OUTLANDISH VIDEOS)					
1017846	11/09/01	11/14/01	6095	PMT COMPLETED/ WITH INSP	01/12/11
ELECTRICAL; REMODELING/OUTLETS AND LIGHTS (IN CONJUNCTION W/PERMIT #1008368) NYBFU (AKA 302 N GOODMAN STREET)					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:58:40 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1017017	10/10/01	10/15/01	10000	PMT COMPLETED/ WITH INSP	02/02/05
PLUMBING-RES REMODEL					
1015000	07/16/01	07/17/01	3000	PMT COMPLETED/ WITH INSP	01/10/15
PLUMBING; COMM REMODELING					
1014948	07/12/01	07/25/01	50000	PMT COMPLETED/ WITH INSP	04/01/22
INTERIOR RENOVATIONS TO SECOND FLOOR OFFICES AND LOBBY					
1011941 A	03/23/01	03/23/01	1	PMT COMPLETED/ WITH INSP	01/09/12
FOOTING AND BLOCK WALL ONLY					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:58:44 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1010735	02/05/01	02/05/01	25000	PMT COMPLETED/ WITH INSP	02/02/19

INTERIOR RENOVATIONS/ALTERATIONS

1010440	01/24/01	00/00/00		PERMIT COMPLETE-CZC ONLY	01/01/29

RENEWAL OF 2ND HAND DEALER LICENSE FOR 2001; NEW & SECONDHAND JEWELRY AND CLOTHES; RICKY'S PLACE

1009150	12/18/00	12/18/00	500	PMT COMPLETED/ WITH INSP	02/02/25

TO ADD LIVE ENTERTAINMENT INCLUDING DANCING IN THE EXISTING RESTAURANT (MYKONOS GREEK CUISINE) FOR DECEMBER 31, 2000 ONLY(TEMPORARY).

1008368	11/09/00	11/29/00	10	PMT COMPLETED/ WITH INSP	02/05/30

INTERIOR RENOVATIONS TO FOURTH FLOOR, NEW STAIRS TO EAST END, AND HANDICAP RAMP IN LOBBY FOR OFFICE USE.

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:58:50 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1006089	08/10/00	08/18/00	97	PMT COMPLETED/ WITH INSP	00/08/18
PLUMBING: TEST BFP 362; 363; TESTER 185.					
AKA 302 N GOODMAN ST					
1006088	08/10/00	08/18/00	70	PMT COMPLETED/ WITH INSP	00/08/18
PLUMBING: TEST BFP 1418; TESTER 185					
1006087	08/10/00	08/18/00	70	PMT COMPLETED/ WITH INSP	00/08/18
PLUMBING: TEST BFP 1389; TESTER 185					
1005192	07/12/00	07/12/00	15000	PMT COMPLETED/ WITH INSP	00/11/20
ELECTRICAL: INTERIOR OFFICE BUILDOUT (FROM PERMIT#1004853) - NYBFU					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:58:54 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1004963	06/30/00	06/30/00	4000	PMT COMPLETED/ WITH INSP	01/04/10
PLUMBING: COMM REMODELING					
40 GAL. HOT WATER HEATER					
1004962	06/30/00	06/30/00	2000	PMT COMPLETED/ WITH INSP	01/06/27
PLUMBING: COMM REMODELING					
1O GAL. HOT WATER HEATER					
1004853	06/28/00	07/06/00	80000	PMT COMPLETED/ WITH INSP	01/01/02
CONSTRUCT OFFICE SPACE FOR"PRIMARY MENTAL HEALTH PROJECT"ON FIRST FLOOR (D103)					
1004191	06/05/00	06/14/00	2000	PMT COMPLETED/ WITH INSP	01/04/10
PLUMBING: COMM REMODELING					
HOT WATER HEATER 4 GAL.					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:58:56 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1003805	05/22/00	06/15/00	67500	PMT COMPLETED/ WITH INSP	01/01/02

CHANGE USE: PARTIAL SECTION OF SECOND FLOOR FROM RETAIL TO OFFICE;
2ND FLOOR APPROX. 2600SQ. FT. PLUS MEZZANINE APPROX. 1800SQ.FT.

1003804	05/22/00	05/30/00	100000	PMT COMPLETED/ WITH INSP	00/09/12

INTERIOR RENOVATIONS TO ONONDAGA SCHOOL (2ND FLOOR)
AKA 302 N GOODMAN ST

1001763	03/06/00	03/06/00	4000	PMT COMPLETED/ WITH INSP	03/10/31

INTERIOR ALTERATIONS TO MEZZANINE

1000991	02/04/00	02/08/00	2500	PMT COMPLETED/ WITH INSP	01/01/03

PLUMBING: COMM REMODELING

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:59:02 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
1000800	01/28/00	02/10/00	25000	PMT COMPLETED/ WITH INSP	00/07/05

CHANGE USE OF PORTION OF GROUND FLOOR TO DAY CARE CENTER IN BUILDING KNOWN AS 302 N GOODMAN (3,990 SQ. FT) - (FORMERLY OCCUPIED BY AVALON NIGHT CLUB)

0997766	11/16/99	11/16/99	4300	PMT COMPLETED/ WITH INSP	00/01/01

INSTALL (1) 2'1" X 12' PROJECTING SIGN FOR (AVALON NIGHTCLUB)

0997553	11/09/99	11/09/99	10000	PMT COMPLETED/ WITH INSP	00/09/14

ELECTRICAL-COMPLETE DAYCARE-NYB
BLDG PERMIT # 0987352

0995204	08/03/99	08/04/99	2500	PMT COMPLETED/ WITH INSP	00/08/17

PLUMBING: COMMERCIAL REMODELING. (ALSO --40GAL HOT WATER HEATER @ $10.)

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:59:05 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
0994672	07/12/99	07/12/99	10000	PMT COMPLETED/ WITH INSP	99/09/12

ELECTRICAL: WIRING NECESSARY FOR DAYCARE CENTER. BLDG PERMIT #994090
AKA 302 N GOODMAN ST

0994190	06/21/99	06/28/99	5000	PMT COMPLETED/ WITH INSP	99/07/02

ERECT 60' X 80' TENT ON 6/23/99 - 6/25/99.

0994090	06/17/99	07/06/99	25000	PMT COMPLETED/ WITH INSP	99/09/15

CHANGE USE OF BUILDING #302 GROUND FLOOR FROM RESTAURANT (NORMA JEANS) TO DAY CARE CENTER (4,900 SQ. FT.)

0993237	05/19/99	05/21/99	100	PMT COMPLETED/ WITH INSP	99/05/21

PLUMBING: BACKFLOW TEST#362; CERT#3664

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:59:09 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
0993236	05/19/99	05/21/99	100	PMT COMPLETED/ WITH INSP	99/05/21
PLUMBING: BACKFLOW TEST#363; CERT#3664					
0988214	12/16/98	12/21/98	600	PMT COMPLETED/ WITH INSP	99/02/09
PLUMBING: COMMERCIAL REMODELING.					
0986243	09/21/98	09/28/98	1000	PMT COMPLETED/ WITH INSP	98/12/09
PLUMBING: COMM. REMODELING.					
0985694	08/26/98	09/02/98	850	PMT COMPLETED/ WITH INSP	99/02/03
PLUMBING: COMMERCIAL REMODELING:					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:59:11 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
0985497	08/19/98	09/16/98	500	PMT COMPLETED/ WITH INSP	98/09/16
PLUMBING: COMM REMODELING					
BAR SINK					
0985378	08/14/98	10/08/98	1000	PMT COMPLETED/ WITH INSP	98/10/08
PLUMBING:COMM.REMODELING___FIRST FLOOR "FAST EDDIE'S" TAVERN					
0985159	08/05/98	00/00/00		PERMIT COMPLETE-CZC ONLY	98/08/05
AMUSEMENT LICENSE APPLICATION (UNLIMITED)					
0985158	08/05/98	00/00/00		PERMIT COMPLETE-CZC ONLY	98/08/05
LIVE ENTERTAINMENT (AVALON)					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:59:15 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**
				0274 N GOODMAN ST
0984409	07/08/98	07/10/98	75	PMT COMPLETED/ WITH INSP 98/07/10
PLUMBING: TEST BFP 362; TESTER 3664				
AKA 302 N. GOODMAN				
0984022	06/22/98	06/23/98	100	PMT COMPLETED/ WITH INSP 98/06/23
PLUMBING: TEST BFP 362; TESTER 3664				
0984011	06/22/98	06/23/98	100	PMT COMPLETED/ WITH INSP 98/06/23
PLUMBING: TEST BFP 1418; TESTER 3664				
0984005	06/22/98	06/23/98	100	PMT COMPLETED/ WITH INSP 98/06/23
PLUMBING: TEST BFP 1384; TESTER 3664				

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:59:20 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**
				0274 N GOODMAN . ST
0983861	06/17/98	06/18/98	1000	PMT COMPLETED/ WITH INSP 98/07/16

INSTALL (2) SIGNS - (1) 4' X 8' GROUND SIGN (MAX 7' ABOVE GRADE) AND (1) 5' X 12' WALL SIGN CONSISTING OF 2 GRAPHICS AND IND. LETTERS (ON ANDERSON AVE

0983076	05/18/98	06/19/98	3000	PMT COMPLETED/ WITH INSP 98/06/19

INSTALL HARD WIRE FIRE ALARM SYSTEM

0983059	05/18/98	05/18/98	800	PMT COMPLETED/ WITH INSP 98/09/18

ELECTRICAL: INSTALL EXIT AND EMERGENCY LIGHTING IN FACILITY
MDIA

0982966	05/13/98	05/19/98	1000	PMT COMPLETED/ WITH INSP 98/08/24

PLUMBING: COMM. REMODELING.

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:59:23 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
0982964	05/13/98	05/19/98	3500	PMT COMPLETED/ WITH INSP	99/01/13
PLUMBING; COMM REMODELING					
0982824	05/07/98	05/07/98	50	PMT COMPLETED/ WITH INSP	98/06/08
ELECTRICAL; WIRE RESTROOM FOR SUSHI BAR - NEW YORK BOARD					
0982573	04/28/98	04/28/98	1200	PMT COMPLETED/ WITH INSP	98/12/18
PLUMBING: COMMERCIAL REMODELING					
0982284	04/16/98	04/24/98	5000	PMT COMPLETED/ WITH INSP	98/08/20
INTERIOR MODIFICATIONS OF EXISTING NIGHT CLUB: ADDITIONAL TOILETS AND EXITS. INCREASE OCCUPANCY TO 761					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:59:27 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
0982254	04/15/98	04/15/98	1000	PMT COMPLETED/ WITH INSP	98/08/07

INTERIOR CONSTRUCTION OF RESTROOM IN BASEMENT (CALIFORNIA ROLLIN SUSHI BAR)

0982193	04/13/98	04/13/98	8000	PMT COMPLETED/ WITH INSP	98/08/19

CONST EXTERIOR DECK FIRST FLOOR EAST SIDE OF EXISTING MAIN BLDG

0981738	03/26/98	03/27/98	1500	PMT COMPLETED/ WITH INSP	98/11/20

PLUMBING: COMMERCIAL REMODELING (2ND FLOOR BTHRMS)

0977550	11/12/97	11/12/97	5000	PMT COMPLETED/ WITH INSP	98/02/03

ELECTRICAL-REPLACE SERVICE AND INSTALL WIRING FOR TIME-WARNER ON 2ND FLOOR-NYB

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

07:59:29 Fri Apr 29, 2005

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** **DATE:** 04/29/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0274 N GOODMAN ST **PERMIT NO.:** _____
SBL NO.: 106 . 840 - 0001 - 010 . 000 / 0000

PMT#/SFX	**APL DTE**	**ISS DTE**	**EST COST**	**STATUS/DATE**	
				0274 N GOODMAN	**ST**
0977375	11/05/97	11/05/97	400	PMT COMPLETED/ WITH INSP	97/12/23

ELECTRICAL: RELOCATING OUTLETS, SWITCHES & LIGHTING
NYB

0976036	09/12/97	00/00/00		PERMIT COMPLETE-CZC ONLY	97/09/12

SECOND HAND DEALER LICENSE-USED APPLIANCE SALES & SERVICE

0974923 A	07/31/97	08/20/97	500	PMT COMPLETED/ WITH INSP	97/11/06

INTERIOR DEMOLITION AND NEW WINDOWS FOR FURNITURE SHOWROOM FOR 136 ANDERSON AVENUE

0974112	06/30/97	07/24/97	1	PMT COMPLETED/ WITH INSP	97/10/08

TO ESTABLISH FILM PRODUCTION STUDIO IN THE 3RD FLOOR OF AN EXISTING INDUSTRIAL/ COMMERCIAL BUILDING. (SEE PERMIT #0970010 FOR ADJOINING ROOMING UNITS.)

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

FIRE S

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) 428-7037

COMPANY R11

INSPECTION # 05-07171

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GRAY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 794	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME

BUSINESS OWNER ~~STEVEN CARPENTER~~

ADDRESS

PHONE

PHONE ~~758-1410~~

BUSINESS EMERGENCY

ADDRESS

PHONE

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE R11
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
GOODMAN	ST N 274 005000-03.0				
GARY	I STERN 274 N GOODMAN ST ☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D ROCHESTER NY	442-9061	14607		
STERN REALTY	274 N. GOODMAN ST ROCHESTER NY		14607		
GARY I STERN	40 EVANDALE RD ROCHESTER NY	461-9867	14618		
	51 594 2			2	

info changes to Mary Ellen 4/26/05 R. Salerno

Y N R11	Y N	Y N
☐ ☐ SPRINKLER SYSTEM GOODMAN	☐ ☐ FIRE/SMOKE DETECT. SYSTEM ST N 274	☐ ☐ SINGLE STATION SMOKE DETECTORS 005000-03.0
☐ ☐ STANDPIPE SYSTEM GARY I STERN	☐ ☐ KITCHEN HOOD EXTING. SYSTEM 274 N GOODMAN ST ROCHESTER NY	☐ ☐ BARS/WIRE ON WINDOWS 442-9061 14607
☐ ☐ FIRE ALARM SYSTEM STERN REALTY	☐ ☐ OTHER FIRE EXTING. SYSTEM 274 N GOODMAN ST	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: ROCHESTER NY

COMPANY | DISTRICT | GROUP | DATE 14607

BUS/PROP REPRESENTATIVE: GARY I. STERN

POSITION / TITLE 40 EVANDALE RD

DATE OF REINSPECTION 461-9867

FIRE SAFETY INSPECTOR: ROCHESTER NY

DATE 14618

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) 428-7037

INSPECTION # 05-07192

COMPANY R11

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	161	2	2

NO ENTRY DATES:

BUSINESS NAME ~~VILLAGE GATE CA~~FE — PHONE
BUSINESS OWNER ~~MARIAN PARROW~~
ADDRESS ~~274 N GOODMAN~~ ST — ~~ROCHESTER NY14607~~
PHONE ~~254 1592~~
BUSINESS EMERGENCY ~~MARIAN PARROW~~
ADDRESS ~~834 FLOWER CITY~~ PARK — ~~ROCHESTER NY14615~~
PHONE ~~737 7588~~

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

info changes to Mary Ellen 4/26/05 R. Salerno

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

[redacted]AFETY INSPECTION RECORD

☐ LICENSE ☒ EAST
☒ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL Salerno

LOCATION: 274 GOODMAN ST N
Person contacted: STERN REALTY & MANAGEMENT CO

Telephone #:
Owner Name: Gary Stern
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: / DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
4/18								left Message for inspection		
4/26								left Message for insp appt	–	RoBB
	2:30 Drive By – Being stored at 320 Goodman									
	st. during Construction								–	RoBB
5/4	– Called left a Message								–	RoBB
5/08	– Received fax Regarding sprinkler Report to be									
	available the end of May									
5/27										

	Y	N
Sprinkler System	✓	
Alarm Permit	✓	
Cooking Hood		✓
Fire Alarm System	✓	
Standpipe System		✓
Cooking System		✓
Bars/Wires on Windows		✓
Lock Box		✓

Permit# 105

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

R. Salerno
Fire Marshal

INSPECTION REPORT PERMIT MONTH: MAY 2005

INSPECTION DATE: 4/26/05

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: 4429061 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	70	05051	ACETYLENE/FLAMMABLE GAS USAGE

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: 4/26 20 05 SIGNATURE: R. Salerno

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

STERN properties
DEVELOPER · OWNER

FAX COVER SHEET

DATE: 4/26/05

TO: Fire Marshal's office
attn: Robert Salerno

RECIPIENTS FAX #: 428-6785

FROM: Gary Stern

NUMBER OF PAGES INCLUDING THIS PAGE: 14

(PLEASE ADVISE IF ALL PAGES ARE NOT RECEIVED)

Fire Alarm inspection Report
April 2005 inspection
- Simplex Grinnell

274 North Goodman Street, Rochester New York 14607
Stern Properties ph 585.442.9061 fax 585.760.2394 sternproperties.com

SimplexGrinnell

FIRE ALARM INSPECTION REPORT

April 2005 Inspection

PREPARED FOR

Darryl Foster
Building Maintenance
Village Gate Square
302 Building
274 North Goodman Street
Rochester, NY 14607
(585) 202-8706

03/25/2005

SimplexGrinnell

DEFICIENCIES NOTED ON THIS INSPECTION

RECOMMENDATION

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

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SimplexGrinnell
FIRE ALARM INSPECTION REPORT

Darryl Foster
Building Maintenance
Village Gate Square
302 Building
274 North Goodman Street
Rochester, NY 14607

Thank you for choosing SimplexGrinnell as the provider of your Fire Alarm Inspection services, which were completed on March 25, 2005.

April inspection completed. Tested the devices on all floor levels.

The 2001 FACP batteries failed the load test. The batteries are Power Patrol model# SLA1055, 12 volt, 5 amp hour batteries.

The Smoke Detector at the Top of the Elevator Lobby Stairs on the 4th Floor passed and is operational but needs to be remounted.

SIGNALS WERE NOT TESTED/SOUNDED PER REQUEST OF DARRELL FOSTER.

Customer **Date**

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

Monitoring Agency:	**Shield**
Authority Having Jurisdiction:	**Rochester City Fire Department** **Rochester City Fire Department** **(585) 428-2222**
Inspection Service:	**SimplexGrinnell** **Alarm & Detection Div.** **1999 Mt. Read Blvd Bldg 1** **Rochester, NY 14615** **Phone: (585) 475-1710** **Fax: (585) 475-1898** **License No.: 12000035673** **Service Mgr: Patrick King** **Service Sales: Mike Battaglia** **Inspector: Ken Byron** **Inspector: Rob Richardson**

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

CONTROL PANEL/CENTRAL PROCESSING UNIT

Simplex 2001-8021
Serial #
Building: Village Gate Bld 302 Floor: Gnd Area: N Stairwell to S Goodman

Test Performed	Result	Value	Notes
Voltage w/ Charger	Passed	27.0	
Voltage w/o Charger	Passed	26.2	
Battery % of Charge	Failed		Failed Load Test
Battery Age Check	Passed		
Zone Trouble	Passed		
Signal Trouble	Passed		
Type Signal Circuit	Passed		
AC Input Voltage	Passed		
Earth Detection	Passed		
Lamps/LED Test	Passed		
Drill Switch	Not Applicable		
Control Function(s)	Passed		

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

ALARM INITIATING DEVICES

SUMMARY TEST RESULTS

Dev. Type	Description	Total	Number Tested	Number Failed	Number Not Tested
PSD	Photo Smoke Detector	54	54	0	0
PSDA	Pull Station-Double Action	18	18	0	0

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
PSD	Village Gate Bld 302	2	Above Main Staircase	2			Tested	Passed
[illegible]	Village Gate Bld 302	2	By Elevator	2			Tested	Passed
PSDA	Village Gate Bld 302	2	By Main Staircase	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Back Office	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Break Room	2			Tested	Passed
PSDA	Village Gate Bld 302	2	In Onondaga: By N Exit	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Closet of Main Foyer	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Hall by Break Room	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Hall by Windows	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Hands on Room	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Main Foyer	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Room 7	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Science Room	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga: Utility Closet	2			Tested	Passed
PSD	Village Gate Bld 302	2	In Onondaga:Hall by Room 1	2			Tested	Passed
PSDA	Village Gate Bld 302	2	Stairwell by Yoga School	2			Tested	Passed
PSD	Village Gate Bld 302	3	By Elevator	3			Tested	Passed
PSDA	Village Gate Bld 302	3	By Elevator Lobby Stairs	3			Tested	Passed
PSDA	Village Gate Bld 302	3	By N Stairs	3			Tested	Passed
PSDA	Village Gate Bld 302	3	By SW Stairs	3			Tested	Passed
PSD	Village Gate Bld 302	3	By SW Stairs	3			Tested	Passed
PSD	Village Gate Bld 302	3	Hall by Room 308	3			Tested	Passed
PSDA	Village Gate Bld 302	4	By Elevator Lobby Stairs	4			Tested	Passed

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

ALARM INITIATING DEVICES

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
PSD	Village Gate Bld 302	4	By E Laundry Room	4			Tested	Passed
PSD	Village Gate Bld 302	4	By Elevator	4			Tested	Passed
PSDA	Village Gate Bld 302	4	By N Stairs	4			Tested	Passed
PSD	Village Gate Bld 302	4	By Room 400	4			Tested	Passed
PSD	Village Gate Bld 302	4	By Room 404	4			Tested	Passed
PSD	Village Gate Bld 302	4	By Room 407-A	4			Tested	Passed
PSD	Village Gate Bld 302	4	By Room 407-B	4			Tested	Passed
PSDA	Village Gate Bld 302	4	By SW Stairwell	4			Tested	Passed
PSD	Village Gate Bld 302	4	E Laundry Room	4			Tested	Passed
PSD	Village Gate Bld 302	4	Hall by Room 406	4			Tested	Passed
PSD	Village Gate Bld 302	4	Top of Elevator Lobby/Stairs	4			Tested	Passed
				Device Needs Remounting				
	Village Gate Bld 302	4	Top of N Stairs	4			Tested	Passed
PSD	Village Gate Bld 302	4	Top of SW Stairwell (HATCH!!!)	4			Tested	Passed
PSD	Village Gate Bld 302	Gnd	By Elevator	1			Tested	Passed
PSDA	Village Gate Bld 302	Gnd	By FACP Panel/ S Goodman	1			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Closet in Pre-K 4	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Closet off Storage	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Closet/Exit off Kitchen	5			Tested	Passed
PSDA	Village Gate Bld 302	Gnd	Daycare 101: Exit off of Kitchen	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Exit off of Kitchen	5			Tested	Passed
PSDA	Village Gate Bld 302	Gnd	Daycare 101: Exit Pre-K 3	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Hall by Kitchen	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Hall by Office	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Large Motor Room	5			Tested	Passed
PSDA	Village Gate Bld 302	Gnd	Daycare 101: Lobby Exit	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Office	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Pre-K 3	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Pre-K 4 East	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Pre-K 4 North	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Storage	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: Toddler 1 Room	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: UPK Room North	5			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 101: UPK Room South	5			Tested	Passed

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

ALARM INITIATING DEVICES

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
PSD	Village Gate Bld 302	Gnd	Daycare 101: Utility Room	5			Tested	Passed
PSDA	Village Gate Bld 302	Gnd	Daycare 102: Exit in Toddler 2	1			Tested	Passed
PSDA	Village Gate Bld 302	Gnd	Daycare 102: Exit Near Infant Room	1			Tested	Passed
PSDA	Village Gate Bld 302	Gnd	Daycare 102: Exit to Lobby	1			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 102: Hall by Pre-School 1	1			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 102: Hall by Toddler 2	1			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 102: Infant 3 Room	1			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 102: Infant Room North	1			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 102: Infant Room South	1			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 102: School Age Room	1			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Daycare 102: Storage in Infant 3	1			Tested	Passed
[illegible]	Village Gate Bld 302	Gnd	Daycare 102: Toddler 2 Room	1			Tested	Passed
[illegible]	Village Gate Bld 302	Gnd	Lobby by Parking Lot Exit	1			Tested	Passed
PSDA	Village Gate Bld 302	Gnd	Lobby by Parking Lot Exit	1			Tested	Passed
PSD	Village Gate Bld 302	Gnd	Lobby by Ramp	1			Tested	Passed
PSDA	Village Gate Bld 302	Gnd	West Courtyard Exit	1			Tested	Passed

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

SUPERVISORY DEVICES

SUMMARY TEST RESULTS

Dev. Type	Description	Total	Number Tested	Number Failed	Number Not Tested
DIAL	Telephone Dialer	1	1	0	0

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
DIAL	Village Gate Bld 302	Gnd	N Stairwell to S Goodman				Tested	Passed

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

INSPECTION DEFICIENCIES SUMMARY

THE FOLLOWING DEFICIENCIES WERE NOTED DURING THIS INSPECTION

I. Deficiencies Covered by Your Service Agreement - Corrected by Inspection Team

None

II. Deficiencies Covered by Your Service Agreement - Service Call Required

None

III. Deficiencies Not Covered by Your Service Agreement

1	Control Panel-Hard Wired	Failed		
	Customer authorizes billable service to repair the items listed above		Customer	Date
	Customer declines billable service to repair the items listed above		Customer	Date
	Customer requests a quote for billable service to repair the items listed above		Customer	Date

IV. Deficiencies Identified During This Inspection That Are The Customer's Responsibility

None

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

INSPECTION DEFICIENCIES

I. Deficiencies Covered by Your Service Agreement - Corrected by Inspection Team

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
None								

II. Deficiencies Covered by Your Service Agreement - Service Call Required

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
None								

III. Deficiencies Not Covered by Your Service Agreement

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
CPHW	Village Gate Bld 302	Gnd	N Stairwell to S Goodman				Tested	Failed
				Failed Load Test				

IV. Deficiencies Identified During This Inspection That Are The Customer's Responsibility

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
None								

SITE: Village Gate Square

RECOMMENDATIONS

It is Recommended that a Fixed-Temp Heat Detector (Product # 4098-9401) be installed in the closet of the Adult Bathroom in Suite 102 of the BetweenFriends Day Care Facility.

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

Customer	**Date**
Ken Byron **Ken Byron**	3-25-05 **Date**
Rob Richardson	3-25-05 **Date**

IF YOU HAVE ANY QUESTIONS REGARDING THIS REPORT, PLEASE CONTACT

Patrick King Branch Service Manager

Phone: (585) 475-1710
Fax: (585) 475-1898
Address: Alarm & Detection Div.
1999 Mt. Read Blvd Bldg 1
Rochester, NY 14615

92318443.A04

STERN properties
DEVELOPER • OWNER

FAX COVER SHEET

DATE: 5-8-05

TO: Rob Salerno

RECIPIENTS FAX #: 428-6785

FROM: GARY STERN

NUMBER OF PAGES INCLUDING THIS PAGE: 1

(PLEASE ADVISE IF ALL PAGES ARE NOT RECEIVED)

Rob,

Have to get new Sprinkler Report, Last one 1½ old, Soon as plumber done with back, End of May will have Report

Gary

274 North Goodman Street, Rochester New York 14607
Stern Properties ph 585.442.9061 fax 585.760.2394 sternproperties.com

STERN properties
DEVELOPER • OWNER

FAX COVER SHEET

DATE: 5/20/05

TO: Rob Salerno

RE: Sprinkler Report
@ 274 N. Goodman Street

RECIPIENTS FAX #: 428 - 6785

FROM: Gary Stern
274 N. Goodman st.

NUMBER OF PAGES
INCLUDING THIS PAGE: 19

(PLEASE ADVISE IF ALL PAGES ARE NOT RECEIVED)

274 North Goodman Street, Rochester New York 14607
Stern Properties ph 585.442.9061 fax 585.760.2394 sternproperties.com

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO Stern Properties
STREET 274 North Goodman Street
CITY & STATE Rochester, New York 14607

BUILDING OR LOCATION Bldg. A System #1
INSPECTOR DARRELL Foster
DATE 5-19-05

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection NONE
B Describe fire protection modifications made since last inspection NONE
C Describe any fires since last inspection NONE
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A.	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?		✓	
c. Are they accessible and visible?		✓	
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		✓	
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?		✓	
b. Did the heat-responsive devices operate properly during testing?		✓	
c. Did the supervisory devices operate during testing?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓ MAINT SHOP		
e. Temperature. Are sprinklers of proper temperatures ratings for their location?	✓		

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No.
Stern Properties
System #1 Bldg A

10. Date dry-pipe valve trip tested (control valve partially open) N/A (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) N/A (See Trip Test Table which follows.)
12. Date quick-opening device tested N/A (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested N/A (See Trip Test Table which follows.)

TRIP TEST TABLE

DRY PIPE OPERATING TEST

DRY VALVE MAKE - YEAR	MODEL	SERIAL NO.	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

	TIME TO TRIP THRU TEST PIPE MIN	SEC	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET MIN	SEC	ALARM OPERATED PROPERLY YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO OF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve							
Other Control Valves	1-4"	B-Fly	yes	yes	NO		

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: (City) Tank Pump

	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test	5-19-05	MAIN DRAIN	2"	55 lbs	36 lbs

16. Explain any "No" answers and comments. Heads on 2nd Floor B-Building over 50 years old

17. Adjustments or corrections made during this inspection: NONE

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: NONE

Signature: [illegible] Date: 5-19-05

Signature: [illegible] Date: 5-19-05

*Explain "No" answers in Item #16 ‡Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO Stern Properties
STREET 274 North Goodman Street
CITY & STATE Rochester, New York 14607

BUILDING OR LOCATION Bldg. B Riser #2
INSPECTOR DARRELL Foster
DATE 5-19-05

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection NONE
B Describe fire protection modifications made since last inspection NONE
C Describe any fires since last inspection NONE
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?		✓	
c. Are they accessible and visible?		✓	
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		✓	
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		✓	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		✓	
d. Were low points drained during this inspection?		✓	
e. Did quick-opening devices operate satisfactorily?		✓	
f. Did the dry valve trip properly during the trip test?		✓	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		✓	
7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?		✓	
b. Did the heat-responsive devices operate properly during testing?		✓	
c. Did the supervisory devices operate during testing?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?	✓		
c. Is stock of spare sprinklers available?		MAINTENANCE SHOP	
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperatures ratings for their location?	✓		

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No.
Stern Properties
System #2 Bldg. B

10. Date dry-pipe valve trip tested (control valve partially open) N/A (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
12. Date quick-opening device tested (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested (See Trip Test Table which follows.)

TRIP TEST TABLE

DRY PIPE OPERATING TEST

DRY VALVE MAKE - YEAR	MODEL	SERIAL NO	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

	TIME TO TRIP THRU TEST PIPE MIN	SEC	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET MIN	SEC	ALARM OPERATED PROPERLY YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO OF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve							
Other Control Valves	1-6"	B-Fly	yes	yes	NO		

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank Pump

	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test	5-19-05	MAIN DRAIN	2"	64 lbs	42 lbs

16. Explain any "No" answers and comments. HEADS on 2nd Floor B-Bldg over 50 years old

17. Adjustments or corrections made during this inspection: NONE

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: NONE

Signature: [signature] Date: 5-19-05

Signature: [signature] Date: 5 19 05

*Explain "No" answers in Item #16 ‡Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO: Stern Properties
STREET: 274 North Goodman Street
CITY & STATE: Rochester, New York 14607
BUILDING OR LOCATION: Bldg B System #3
INSPECTOR: DARRELL Foster
DATE: 5-19-05

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection: NONE
B Describe fire protection modifications made since last inspection: NONE
C Describe any fires since last inspection: NONE
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A.	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?		✓	
c. Are they accessible and visible?		✓	
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		✓	
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d. Were low points drained during this inspection?		N/A	
e. Did quick-opening devices operate satisfactorily?		N/A	
f. Did the dry valve trip properly during the trip test?		N/A	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?		✓	
b. Did the heat-responsive devices operate properly during testing?		✓	
c. Did the supervisory devices operate during testing?		✓	
8. ALARMS			
a. Did water motor and gong test satisfactorily?	✓		
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?		✓	
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?		MAINT SHOP	
e. Temperature: Are sprinklers of proper temperatures ratings for their location?	✓		

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No. Stern Properties Bldg. B System #3

10. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
12. Date quick-opening device tested _____ (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

TRIP TEST TABLE

DRY VALVE

MAKE - YEAR	MODEL	SERIAL NO.	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

DRY PIPE OPERATING TEST

	TIME TO TRIP THRU TEST PIPE MIN	SEC	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET MIN	SEC	ALARM OPERATED PROPERLY YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO OF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve	1-6"	B-Fly	yes	yes	NO		
Other Control Valves							

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank Pump

	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test	5-19-05	MAIN DRAIN	2"	56 lbs	47 lbs

16. Explain any "No" answers and comments: Heads on B-Bldg 2nd Floor over 50 years old

17. Adjustments or corrections made during this inspection: None

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: None

Signature: _____ Date: 5-19-05

Signature: _____ Date: 5-19-05

*Explain "No" answers in Item #16 ‡Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO Stern Properties
STREET 274 North Goodman Street
CITY & STATE Rochester, NewwYork 14607

BUILDING OR LOCATION Bldg. B Riser #4
INSPECTOR Darrell Foster
DATE 5-19-05

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection NONE
B Describe fire protection modifications made since last inspection NONE
C Describe any fires since last inspection NONE
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?		✓	
c. Are they accessible and visible?		✓	
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		✓	
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?	N/A		
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?	N/A		
c. Has the operation of the air or nitrogen supply been tested? Is it in service?	N/A		
d. Were low points drained during this inspection?	N/A		
e. Did quick-opening devices operate satisfactorily?	N/A		
f. Did the dry valve trip properly during the trip test?	N/A		
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?	N/A		
7. SPECIAL SYSTEMS – as defined in Section 1-3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?	N/A		
b. Did the heat-responsive devices operate properly during testing?	N/A		
c. Did the supervisory devices operate during testing?	N/A		
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?			MAINT Shop
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
e. Temperature. Are sprinklers of proper temperatures ratings for their location?	✓		

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No. Stern Properties Bldg. B Riser #4

10. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
12. Date quick-opening device tested _____ (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

N/A

TRIP TEST TABLE

DRY VALVE

MAKE - YEAR	MODEL	SERIAL NO.	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

DRY PIPE OPERATING TEST

	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO OF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve							
Other Control Valves	1-6"	B-Fly	yes	yes	NO		

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City

	Date	Tank Test Pipe Location	Pump Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test	5-19-05	MAIN Drain	2"	68 lbs	44 lbs

16. Explain any "No" answers and comments: HEADS B-Bldg 2nd Floor over 50 years old

17. Adjustments or corrections made during this inspection: NONE

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: None

Signature: [signature] Date: 5-19-05

Signature: [signature] Date: 5-19-05

*Explain "No" answers in Item #16 ‡Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO Stern Properties
STREET 274 North Goodman Street
CITY & STATE Rochester, New York 14607
BUILDING OR LOCATION Bldg C Riser #5
INSPECTOR Darrell Foster
DATE 5-19-05

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection None
B Describe fire protection modifications made since last inspection None
C Describe any fires since last inspection None
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A.	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓	✓	
e. Does the hand hose on the sprinkler system appear to be satisfactory?	✓		
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?			✓
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?	✓		
c. Are they accessible and visible?	✓		
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		✓	
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?		N/A	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		N/A	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		N/A	
d. Were low points drained during this inspection?		N/A	
e. Did quick-opening devices operate satisfactorily?		N/A	
f. Did the dry valve trip properly during the trip test?		N/A	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		N/A	
7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?		N/A	
b. Did the heat-responsive devices operate properly during testing?		N/A	
c. Did the supervisory devices operate during testing?		N/A	
8. ALARMS			
a. Did water motor and gong test satisfactorily?		N/A	
b. Did electric alarm test satisfactorily?		N/A	
c. Did supervisory alarm service test satisfactorily?		N/A	
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?			
e. Temperature. Are sprinklers of proper temperatures ratings for their location?	✓		

Maint Shop

REPORT OF INSPECTION

DAUGCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No. Stern Properties Bldg. C Riser #5

10. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
12. Date quick-opening device tested _____ (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

N/A

TRIP TEST TABLE

DRY VALVE

MAKE - YEAR	MODEL	SERIAL NO.	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

DRY PIPE OPERATING TEST

	TIME TO TRIP THRU TEST PIPE MIN	SEC	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET MIN	SEC	ALARM OPERATED PROPERLY YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO OF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve							
Other Control Valves	1-6"	OS-Y	yes	NO	NO		

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank Pump

	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test				125 lbs	100 lbs

16. Explain any "No" answers and comments. NO Padlock on OS-Y Valves Many Heads over 50 years old

17. Adjustments or corrections made during this inspection: None

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: None

Signature: [signature] Date: 5-19-05

Signature: [signature] Date: 5-19-05

*Explain "No" answers in Item #16 ‡Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

Inspection Contract No. _____
Bureau File No. _____

REPORT OF INSPECTION

REPORT TO Stern Properties
STREET 274 North Goodman Street
CITY & STATE Rochester, New York 14607

BUILDING OR LOCATION Bldg. C Riser #6
INSPECTOR Darrell Foster
DATE 5-19-05

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection None
B Describe fire protection modifications made since last inspection None
C Describe any fires since last inspection None
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A.	No
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in.(457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓		
e. Does the hand hose on the sprinkler system appear to be satisfactory?		✓	
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?	✓		
c. Are they accessible and visible?	✓		
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?			
b. Did the heat-responsive devices operate properly during testing?			
c. Did the supervisory devices operate during testing?			
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?	✓		
c. Is stock of spare sprinklers available?	✓		
d. Does the exterior condition of sprinkler system appear to be satisfactory?		MAINT SHOP	
e. Temperature. Are sprinklers of proper temperatures ratings for their location?	✓		

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No.
Stern Properties
Bldg. C Riser #6

10. Date dry-pipe valve trip tested (control valve partially open) N/A (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
12. Date quick-opening device tested (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested (See Trip Test Table which follows.)

TRIP TEST TABLE

DRY VALVE

MAKE - YEAR	MODEL	SERIAL NO.	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

DRY PIPE OPERATING TEST

	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve	1-6"	OS-Y	Yes	Yes	NO		
Other Control Valves							

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank Pump

	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test	5-19-05	MAIN DRAIN	2"	133 lbs	108 lbs

16. Explain any "No" answers and comments. MANY HEAD OVER 50 YEARS old

17. Adjustments or corrections made during this inspection: NONE

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: NONE

Signature: [signature] Date: 5-19-05

Signature: [signature] Date: 5-19-05

*Explain "No" answers in Item #16 ‡Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO Stern Properties
STREET 274 North Goodman Street
CITY & STATE Rochester, New York 14607

BUILDING OR LOCATION Bldg. C Riser #7
INSPECTOR Darrell Foster
DATE 5-19-05

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection. None
B Describe fire protection modifications made since last inspection. None
C Describe any fires since last inspection. None
D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
E When was the dry-piping system last checked for proper pitch? N/A
F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A‡	No*
1. GENERAL			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors?	✓		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?		✓	
e. Does the hand hose on the sprinkler system appear to be satisfactory?			
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?	✓		
c. Are they accessible and visible?	✓		
5. WET SYSTEMS			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	✓		
b. Have antifreeze system solutions been tested?		✓	
c. Were the antifreeze test results satisfactory?		✓	
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?	N/A		
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)			
a. Did the deluge or pre-action valves operate properly during testing?			
b. Did the heat-responsive devices operate properly during testing?			
c. Did the supervisory devices operate during testing?	N/A		
8. ALARMS			
a. Did water motor and gong test satisfactorily?		✓	
b. Did electric alarm test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
b. Are sprinklers over 50 years old, thus requiring sample testing?	✓		
c. Is stock of spare sprinklers available?			
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Maint Shop		
e. Temperature. Are sprinklers of proper temperatures ratings for their location?	✓		

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No. Stern Properties Bldg. C Riser #7

10. Date dry-pipe valve trip tested (control valve partially open) N/A (See Trip Test Table which follows.)
11. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
12. Date quick-opening device tested (See Trip Test Table which follows.)
13. Date deluge or preaction valve tested (See Trip Test Table which follows.)

TRIP TEST TABLE

DRY VALVE

MAKE - YEAR	MODEL	SERIAL NO.	Q.O.D. MAKE - YEAR	MODEL	SERIAL NO.

DRY PIPE OPERATING TEST

	TIME TO TRIP THRU TEST PIPE MIN	SEC	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET MIN	SEC	ALARM OPERATED PROPERLY YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO EXPLAIN

DELUGE & PREACTION VALVES

OPERATION [ ] PNEUMATIC [ ] ELECTRIC [ ] HYDRAULIC

PIPING SUPERVISED [ ] YES [ ] NO DETECTING MEDIA SUPERVISED [ ] YES [ ] NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION [ ] YES [ ] NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING [ ] YES [ ] NO OF NO EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE YES	NO

14. CONTROL VALVE MAINTENENCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve	1-6"	OS-Y	Yes	NO	NO		
Other Control Valves							

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank Pump

	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test					
This Water Flow Test					

16. Explain any "No" answers and comments. NO Padlock on OS-Y valve many head over 50 years old

17. Adjustments or corrections made during this inspection: none

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: None

Signature: [signature] Date: 5-19-05

Signature: [signature] Date: 5-19-05

*Explain "No" answers in Item #16 ‡Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract No. _____
Bureau File No. _____

REPORT TO Stern Properties

STREET 274 North Goodman Street

CITY & STATE Rochester, New York 14607

BUILDING OR LOCATION Same - System #8

INSPECTOR _____

DATE _____

Owner's Section (To be answered by Owner or Occupant)

A Explain any occupancy hazard changes since the previous inspection. None

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 05/04/05

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

06-05051	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 70

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

06-05051	PERMIT NUMBER
05/04/05	INVOICE DATE
06/04/05	DUE DATE
$ 70	AMOUNT DUE

MAY 13 2005
Pd
ok

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 05/31/06

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

Jerome Delfino
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

06-05051	PERMIT NUMBER
05/04/05	INVOICE DATE
06/04/05	DUE DATE
$ 70	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 04/13/05

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

EVOLUTION IMPRESSIONS INC
274 GOODMAN ST N

06-04049	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 90

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

06-04049	PERMIT NUMBER
04/13/05	INVOICE DATE
05/13/05	DUE DATE
$ 160	AMOUNT DUE

RECEIVED
MAY 9 2005

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

THIS PERMIT EXPIRES 04/30/06

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

Jerome Delgado
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

06-04049	PERMIT NUMBER
04/13/05	INVOICE DATE
05/13/05	DUE DATE
$ 160	AMOUNT DUE

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

Avoidable Alarm Report

City of Rochester

1. ☐ Fire Incident # 0508179 ☐ Police CR #

2. Date Sun | 4 | 17 | 05 (DOW MM DD YY)

3. Time 1709 (24 Hr. Clock)

4. Car Beat # (For Alarm Location)

5. ☐ Permit # 105
☐ Permit # Not Available, Explain:

6. Violation
☐ No Permit ☐ Audible over 15 minutes
Summons #
Date Issued: Month Day Year

7. Address: 274 W Goodman ST
Street # Street Name Bldg/Rm/Apt #

8. System User: Bldg B Zone 6
Business/Resident Name

9. ☐ Person/Agency Contacted:
☒ Person Responded: Darrell Foster
☐ No Person Responded

10. Type of Alarm: a☐ Burglary b☐ Robbery c☐ Trouble
d☒ Fire e☐ Waterflow f☐ Emergency Medical

11. How Notified: a☒ Central Station b☐ Automatic Tape Dialer c☐ Direct Connect
d☐ Local Alarm e☐ Municipal Box Alarm f☐ Other

12. Apparent Cause of False Activation: a☒ Malfunction b☐ Deliberate c☐ No Cause Apparent/Unknown
d☐ Accident/Negligence

13. Narrative: System Malfuntion Zone 6

COPY

14. Report Prepared By:
Capt Peterson Qu 6R2
Rank Name ID # Car#Co.#

15. Approved By:
Rank Name ID #

NOTICE TO USER:

The Rochester Police/Fire Department responded to an avoidable alarm at this location on the date shown above. This avoidable alarm resulted in an emergency response when in fact no emergency existed. Each year avoidable alarms take a large amount of Police and Fire Department time - time that may be needed for real emergencies.

Under the City of Rochester's alarm ordinance, alarm systems with more than three avoidable alarms will pay an additional $25 for each such alarm as part of the renewal fee. You will be notified by mail when you have had three avoidable alarms and regularly of any additional alarms. If you think that the alarms were unavoidable, you will be offered the opportunity of a hearing after the fourth and subsequent alarms.

If this alarm was not caused deliberately, negligently or accidentally, you may want to contact your alarm dealer to check your system.

If you have no permit for your alarm, a code violation ticket will be issued. If you do not get an alarm permit within 25 days of the ticket, the fine is $100.

For more information on the alarm ordinance and on this alarm, you may contact:

Police Section Crime Prevention Officer, _____,
or License/Warrants Unit at 428-6543 for police alarms; or
Fire Safety Division at 428-7037 for fire alarms

INPUT/LICENSE AND WARRANTS/FIRE SAFETY

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☑ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL Richards

LOCATION: 274 GOODMAN ST N
Person contacted: EVOLUTION IMPRESSIONS INC

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
4/7/05	10A.		APPR.					8h incl sphler	X	AL
								Visual		

	Y	N
Sprinkler System	✓	
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		

Permit# _____

APPROVED
4-11-05 AJB

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

AL Richards
Fire Marshal

INSPECTION REPORT PERMIT MONTH: APRIL 2005

INSPECTION DATE: 4/7/05

LOCATION: 274 GOODMAN ST N 02 OWNER: EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ROSS THIBAULT PHONE NO: 4736600 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10C	70	04047	FLAM/COMB LQD CLS I,II,III ✓ ok
5412B17	90		CMBSTBL MAT'L STRGE-OVER 2500 CU FT ✓ ok
~~5412B12C~~	~~70~~		~~CORROSIVE LIQUIDS - OVER 55 GAL~~ remove / no longer

Sphler visual ok
Rent fx
2/05
Chandler

/ Storm

DATE VIOLATIONS ISSUED: _____ 20 ___ CORRECTED: _____ 20 ___

DATE OF APPROVAL FOR PERMIT: 4/7/ 20 05 SIGNATURE: [signature]

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ___ DATE EXPIRED: _____ 20 ___

PERMIT NUMBER: _____ FEE REQD: _____ _____

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) 428-7037

COMPANY R11

INSPECTION # 05 -07171

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #: 005000-03.0

PROPERTY OWNER: GRAY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	794	2	2

NO ENTRY DATES:

BUSINESS NAME PHONE
BUSINESS OWNER ~~STEVEN CARPENTER~~
ADDRESS
PHONE ~~758-1410~~
BUSINESS EMERGENCY ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

R11 GOODMAN ST N 274 005000-03.0

DIRECTION ROOM #, ETC. | COMPLAINT

GARY I STERN 274 N GOODMAN ST 442-9061
☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D ROCHESTER NY 14607

STERN REALTY 274 N. GOODMAN ST
ROCHESTER NY 14607

GARY I STERN 40 EVANDALE RD 461-9867
ROCHESTER NY 14618

51 594 2 2

info changed per Mary Ellen 4/26/05 R. Salerno

R11 GOODMAN ST N 274 005000-03.0

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

GARY I STERN 274 N GOODMAN ST 442-9061
ROCHESTER NY 14607

STERN REALTY 274 N GOODMAN ST
ROCHESTER NY 14607

OFFICER PREPARING REPORT: COMPANY | DISTRICT | GROUP | DATE

BUS/PROP REPRESENTATIVE: GARY I. STERN POSITION / TITLE | DATE OF REINSPECTION

40 EVANDALE RD 461-9867
ROCHESTER NY 14618

FIRE SAFETY INSPECTOR: DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 05-07192

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	161	2	2

NO ENTRY DATES:

BUSINESS NAME ~~VILLAGE GATE CAFE~~ — PHONE
BUSINESS OWNER ~~MARIAN PARROW~~
ADDRESS ~~274 N GOODMAN~~ ST — ~~ROCHESTER NY 14607~~
PHONE ~~254 1592~~
BUSINESS EMERGENCY ~~MARIAN PARROW~~
ADDRESS ~~834 TOWER CITY PARK~~ — ~~ROCHESTER NY 14615~~
PHONE ~~732 7488~~

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

info changes to Mary Ellen 4/26/05 R Salerno

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL Richards

LOCATION: 274 N. Broadway St

Person contacted:

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

APPROVED
2-18-05

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
DATE										
2/16/05								ok		

	Y	N
Sprinkler System		
Alarm Permit		
Cooking Hood		
Fire Alarm System		
Standpipe System		
Cooking System		
Bars/Wires on Windows		
Lock Box		

Permit# _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

Al Richards
Fire Marshal

CLS1080

Date Printed: February 16, 2005

City of Rochester
City Code License - Second Hand Dealer
For Application#: 133

Current Status/Date: **02/15/2005 P - Pending**

Applic. Date: **02/15/2005** Issue Date: Start Date: **01/01/2005** Expiration Date: **12/31/2005**

General Comments:

License Fee: **$150.00** ***** RENEWAL LICENSE ***** Last Chgd: **02/16/2005 borrinoa**

Applicant: **Ricky Sands** Residence: **195 Wimbledon Rd**

DOB: **06/20/1934** Home Phone: **(585) 544-0009** City, State, Zip: **Rochester, NY 14617**

Business Name: **Ricky's Place** Business Phone **(585) 442-0042**

Business Name:

Activity: **new & secondhand jewelry and clothes**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **No**

Zoning Approval CZC#: **1010108** Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **02/15/2005** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **02/15/2005** Reviewer:

Activity Code: **2**

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **02/16/2005** Reviewer: **richarda**

Occupancy: Cart Inspection Date: Approved: **No**

Comments: AR 2/16/05

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: / Reviewer:

Comments:

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
1/19/2005	5:15		X

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			

LOCATION OF SYSTEM CYLINDERS: on wall to (L) side of Hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Range Guard	6.L	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
4-gal		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	2		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	3/4"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1999	

MANUFACTURER'S MANUAL REFERENCE: meets U.L. 300

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: California Rollins
Address: 274 Ridge Gooding Plaza
City: Rochester NY.
Telephone: (585) Store No. 1
Owner or Manager: Tom Beaman

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

15' Fryer	prep area	6 Burner Stove	

1. All appliances properly covered w/correct nozzles	yes	20. Replaced fuse links 2 - 0'ls	NO
2. Duct and plenum covered w/correct nozzles	yes	21. Check travel of cable nuts/S-hooks	yes
3. Check positioning of all nozzles.	yes	22. Piping & conduit securely bracketed	yes
4. System installed in accordance w/MFG UL listing	yes	23. Proper separation between fryers & flame (prep table)	yes
5. Hood/duct penetrations sealed w/weld or UL device	yes	24. Proper clearance-flame to filters	yes
6. Check if seals intact, evidence of tampering	yes/NO	25. Exhaust fan in operating order	yes
7. If system has been discharged, report same	Ø	26. All filters replaced	NO
8. Pressure gauge in proper range (If gauged)	175	27. Fuel shut-off in on position 3/4"	yes
9. Check cartridge weight (If applicable) (2004)	NEW	28. Manual & remote set/seals in place	yes
10. Hydrostatic test date	1999	29. Replace systems covers	NO
11. 6 year maintenance date	Ø	30. System operational & seals in place	yes
12. Inspect cylinder ~~and mount~~	yes	31. Slave system operational	N/A
13. Operate system from terminal link (2)	yes	32. Clean cylinder & mount	yes
14. Test for proper operation from remote	yes	33. Fan warning sign on hood	yes
15. Check operation of micro switch	N/A	34. Personnel instructed in manual operation of system	yes
16. Check operation of gas valve 3/4"	yes	35. Proper hand portable extinguishers K-1	NO
17. Clean nozzles	yes	36. Portable extinguishers properly serviced (2)	yes
18. Proper nozzle covers in place	yes	37. Service & Certification tag on system	yes
19. Check fuse links and clean	yes		

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS: #35.) no "K-1" Type Extinguisher (New mechanical State Code Book says any commercial Restaurant - w/ deep Fryer using vegetable oil must Have K-1 Type Extinguisher in Kitchen

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X Eugene J. Botto	E00201	1/19/05	6:05		X	
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

R. Salerno
12/20/2004

OCCUPANCY REPORT

UNIT#	SQ.FT.	TENANT/COMPANY **BUILDING A** - 274 NORTH GOODMAN ST.
A101	4020	MYKONOS
A102		MYKONOS
A103		MYKONOS
A201	1270	***STERN PROPERTIES***
A203	490	*Image Out*
A204	215	TELECOMMUNICATIONS BANK
A205	115	Frank L. Sundstrom & Associates
A206	200	Frank L. Sundstrom & Associates
A208	320	RAINBOW PRODUCTIONS
A209	205	*Image Out*
A210	121	Frank L. Sundstrom & Associates
A301	1900	HEALTH FORCE
A302	1800	HEALTH FORCE
A401	**1702**	**VACANT**
A402		
A403	972	SHILING HSIANG
A404	789	HEALTHFORCE
A501	1026	APARTMENT - JAMIE BOURASSA
A502	841	SIDDHA YOGA MEDITATION CENTER
A503	722	SIDDHA YOGA MEDITATION CENTER
A504		SIDDHA YOGA MEDITATION CENTER
A505	**1338**	**VACANT**

OCCUPANCY REPORT

UNIT #	SQ./FT.	TENANT/ COMPANY **BUILDING B** - 274 NORTH GOODMAN ST.
B100	750	BOCCACINO HEATING & AIR(STORAGE).....
B101	229	FRONTIER CORPORATION.....
B102	250	THE BOP SHOP - STORAGE.....
B103	150	RICKY'S PLACE STORAGE .....
B104	261	BOB S. (STORAGE).....
B113	263	WOSA'S BRAIDING
B114	2521	COMICS ETC.
B116	1660	RICKY'S PLACE
B117	2250	CALIFORNIA ROLLIN' SUSHI BAR
B118		CALIFORNIA ROLLIN' SUSHI BAR
B119----------		CALIFORNIA ROLLIN' SUSHI BAR (559 SQ.FT. OUTER AREA) (288 SQ.FT. OUTSIDE AREA)
B120	**2,526**	**VACANT(1)**
B121		**VACANT**
B122		**VACANT**
B123	2,565	BOP SHOP RECORDS
B124		BOP SHOP RECORDS
B125-6	870	YANKEE CLIPPER HOUSE OF CARDS
B127	400	VILLAGE GATE SQUARE MAINTENANCE ROOM.....
B128	1220	OUTLANDISH VIDEOS & GIFTS
B129	707	FARUK KAIYUM GALLERY
B130	1235	YANKEE PEDDLER BOOKSHOPS. . . . .
B131	870	WOSA'S BRAIDING
B134	**275**	**VACANT**
B135	550	Primitive Impressions
B136	1118	MEME-HILL FUNKTIONAL ART
B141	820	OUTLANDISH VIDEOS & GIFTS
B260-A	1190	AUDIOSCIENCE, INC.
B260	5258	ENVIRONMENTAL DESIGN AND RESEARCH
B264	2400	MOTION CONTROL TECHNOLOGY
B265	2879	ACCESS CALL CENTER, INC.
B267	293	JACK EDWARD SMITH
B269	3266	AZTEK COMPUTER SOLUTIONS, INC.
B270	1810	C. GARBIN & ASSOCIATES, LLC
B271	1650	BOCCACINO HEATING & AIR CONDITIONING
B272	582	agency3 communications
B273	6260	BRAND ORCHARD
B282	1440	NIK & THE NICE GUYS

OCCUPANCY REPORT

UNIT #	SQ. FT.	TENANT/COMPANY **BUILDING C** - 274 NORTH GOODMAN ST.
C151	23074	EVOLUTION IMPRESSIONS
C152	764	GREAT SELECTIONS
C153	522	ARCTIC APPLIANCES - OFFICE
C154	764	ARCTIC APPLIANCES
C155	2990	ARCTIC APPLIANCES
C156	1110	EVOLUTION IMPRESSIONS
C159	1764	EVOLUTION IMPRESSIONS
C248	375	NIK AND THE NICE GUYS
C249	430	NIK AND THE NICE GUYS
C250	**2000**	**VACANT (1)**
C251	1536	EVENT GRAPHIC IMAGES (EGI)
C252	**1450**	**VACANT (2)**
C253	**750**	**VACANT (3)**
C254	**1500**	**VACANT (4)**
C255		
C256	**1350**	**VACANT (5)**
C257	**675**	**VACANT (6)**
C258	**675**	**VACANT (7)**
C259	**1457**	**VACANT (8)**
C260	720	EVOLUTION IMPRESSIONS
C261	3840	EVOLUTION IMPRESSIONS
C262		EVOLUTION IMPRESSIONS
C263	1440	EVOLUTION IMPRESSIONS
C264	1440	HICKOK CENTER FOR BRAIN INJURY, INC.
C265	**480**	**VACANT (9)**
C266	**480**	**VACANT(10)**
C267	**668**	**VACANT(11)**
C269	**450**	**VACANT(12)**
C270	450	CENTER FOR DOMESTIC TRANQUILITY
C271	**1380**	**VACANT(13)**
C272	**1922**	**VACANT(14)**
C273		**VACANT**
C274		**VACANT**
C275	450	EVOLUTION IMPRESSIONS
C276	6000	EVOLUTION IMPRESSIONS

OCCUPANCY REPORT

UNIT #	SQ.FT.	TENANT/COMPANY **BUILDING D** - 274 NORTH GOODMAN ST.
D103	12,000	CHILDREN'S INSTITUTE
D104	**784**	**VACANT**
D105	630	MARGOT'S DOG SALON
D106	1085	D & G COLLECTIBLES
D107	195	ARCTIC APPLIANCES
D108	1847	SALENA'S MEXICAN RESTAURANT
D109	2412	MOOD MAKERS
D111	1423	HOUGHTON BOOK SHOP
D112	653	SALENA'S MEXICAN - STORAGE
D113	-----	MOOD MAKERS
D210	507	JEFF GREENO
D211	587	JEFFREY K. LEWIS
D212	491	FULL MOON LANDSCAPE
D213	694	GEORGE M. SCHNELL
D214	814	SOLANGE ARANA ARNOLD
D215	**604**	**VACANT**
D216	538	MICHAEL EDWARDS MUSIC STUDIO
D218	1070	AFFORDABLE COPY
D218-A	**300**	**VACANT**
D219	537	Stern Properties
D220	**317**	**VACANT**
D221	395	SARAH MCPIKE & DALLAS COULTER
D224	---	GARY MERRITT
D225	439	JONATHAN GARY
D227	921	TRENT BROWN
D228	**455**	**VACANT**
D229	884	GARY MERRITT
D230-A	561	STEVEN M. FOX
D230-B	162	KELLER ADVERTISING & MARKETING.
D230-C	192	ANTHONY GIORDANO JR.
D231	180	DAVID LAWRENCE
D232	293	TIME WARNER COMMUNICATIONS
D233	375	ROBERT J. CAMPBELL
D234	377	PATRICIA PELLEGRINO
D235	1480	TIME WARNER COMMUNICATIONS
D236		TIME WARNER COMMUNICATIONS
D237	414	DANCER'S ALLEY DANCE STUDIO
D238	1150	DANCER'S ALLEY DANCE STUDIO
D239		DANCER'S ALLEY DANCE STUDIO
D240	1736	RENE CRUZ
D242	**838**	**VACANT**
D242-A	1090	AREA ARTISTS, INC.

OCCUPANY REPORT

ART LIVE-IN STUDIOS- 3RD FLOOR

1/05

UNIT#	SQ.FT.	TENANT/COMPANY **BUILDING D** - 274 NORTH GOODMAN ST.
D300	2785	ROSE FILMS, INC.
D301	820	RYAN P. JOBES / JAMES SUGRUE
D302	790	KURT BROWNELL PHOTOGRAPHY
D304	790	MARK BIERWORTH
D305	840	DARRELL FOSTER
D306	790	SHARON LOCKWOOD
D307	550	NEWSTRACK, INC.
D308	550	DORA L . & DON K.
D309	500	BRIAN G. VAN ETTEN & RORY VAN GROL
D310	590	PETER A. GANGAROSSA
D311	750	PETER DEPALMA
D312	590	BLEND STUDIOS
D313	985	BRIAN C. RUDD
D314	**570**	**VACANT**
D315	1600	KITCHEN & BATHS

OCCUPANCY REPORT

1/05

UNIT #	SQ. FT.	TENANT/COMPANY **BUILDING E** - 302 NORTH GOODMAN ST.
E101	4000	BETWEEN FRIENDS CHILDCARE
E102	4000	BETWEEN FRIENDS CHILDCARE
E200	6240	ONONDAGA SCHOOL OF THER. MESSAGE, INC.
E201	2275	OPEN SKY YOGA CENTER
E302	1380	ROCHESTER YOUTH DEVELOPMENT STUDY
E303	2000	MICHAEL MIRAN, PHD PSYCHOLOGIST P.C. / ESTA MIRAN
E304	400	MICHAEL MIRAN, PHD PSYCHOLOGIST P.C / ESTA MIRAN
E306	1600	JO ELLEN CLARK
E307	1176	RACHEL A. PICKERING & SHAWN R. BROWN
E308	1400	SUSAN BAY / DEAN SCHMIEDEL
E400	850	SHARON L. PEETS
E401	**1160**	**VACANT**
E402	840	KATY LIPSKY (KATEWORKS)
E403	770	ROCHESTER YOUTH DEVELOPMENT STUDY
E404	615	CM PRODUCITONS LLC
E405	780	WEAVING AND FIBER ARTS CENTER, INC.
E406	1145	JESSICA L. RHODES
E407	785	WEAVING AND FIBER ARTS CENTER, INC.
E408	400	BRANDON KRAZINSKI
E409	800	MARCIA REAVER

OCCUPANCY REPORT

1/05

UNIT #	SQ. FT.	TENANT/COMPANY **BUILDING F** - 176 ANDERSON AVENUE
F100	3450	EDGAR PRAUS & WALTER COLLEY
F100-A	3080	HURBSON BUSINESS INTERIORS, LLC - WAREHOUSE
F103	3500	A.M. STERN, INC.
F106	**1518**	**VACANT**
F107	1316	COMMANDER SERIES MODELS, INC. (TED PARIS)
F108	2000	HURBSON BUSINESS INTERIORS, LLC - WAREHOUSE
F109	2350	DAVINCI PROTOTYPES, INC. - MARTIN MARTINA
F110	1300	RMB EMBROIDERY SERVICE
F111	8000	HURBSON BUSINESS INTERIORS, LLC
F112	635	FUSION REACTIONS - GEORGE S. MORGAN
F200	2120	BRIAN G. SPROUSE - PHOTOGRAPHY
F201	600	AURAGEN COMMUNICATIONS, INC.
F202	3200	STEPHEN CARPENTER
F301	13,066	AURAGEN COMMUNICATIONS INC.
F302	2478	LAB X TECHNOLOGIES, LLC
F303	3430	POSITIVE ENVIRONMENTS
F500	PARK	ROCHESTER LEAD WORKS
J100	4000	A.M. STERN, INC.

OCCUPANCY REPORT

1/05

UNIT #	SQ. FT.	TENANT/COMPANY **BUILDING G** - 316 N. GOODMAN ST.
G099	575	RAY CASE FLOORS, INC. (OFFICE)
G100	9114	EVOLUTION IMPRESSIONS
G101	1500	TALIC SPORT HAMMOCKS
G102	250	EDR
G103	**320**	**VACANT(2) - Bob S.**
G104	1000	GRASSMASTERS
G105		GRASSMASTERS
G106	840	LINDSAY CLEANING SERVICES
G107	2000	DAVID AVERY
G108	1280	DAVID AVERY
G109	680	KIRKWALL CONSTRUCTION CO.
G110	1320	KIRKWALL CONSTRUCTION CO.
G111	2442	RAY CASE FLOORS, INC.
G201	529	DARREN DEWIPELAERE

Lakeshore Fire Protection, Inc.

Fire Protection Specialists
845-A Maple Street
Rochester, New York 14611
585-529-3850
FAX 529-3585

7702

Customer
SALINAS 274 N. Goodman
VILLAGE GATE
Roch.

Service Date 12/22/04
VOID 6 MONTHS FROM ABOVE DATE

SEMI-ANNUAL MAINTENANCE OF AUTOMATIC FIRE SUPPRESSION SYSTEM

SYSTEM MANUFACTURER (✓) Pyro Chem ( ) Protex ( ) Ansul ( ) Range Guard ( ) Kidde
MODEL Pro 275 CYLINDER SIZE 2-75 GAL NO. CYLINDERS 1
HYDROTEST DATE 11/02 DATE PREVIOUS SERVICE 6/04 GAUGE PSI 175
PILOT CARTRIDGE ( ) Replaced (✓) Checked ( ) N.A. Date Replaced ___/___/___
NO. OF NOZZLES Plenum 2 Duct 2 Surface 4
NO. OF FUSIBLE LINKS 1-450 360° ___ 500° ___ Replaced (✓) Yes ( ) No
REMOTE MANUAL PULL ( ) None installed ( ) None required (✓) Accessible ( ) Non accessible
NOZZLE CAPS (✓) OK Number missing ___ Number replaced ___
NOZZLES CONDITION (✓) Good ( ) Fair ( ) Poor ( ) Cleaned
CYLINDER ACCESSIBILITY (✓) Accessible ( ) Non-accessible
FUEL SHUT OFF-GAS (✓) Operational ( ) Non-operational ( ) Not required ( ) None installed
FUEL SHUT OFF-ELECTRIC ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
FIRE ALARM TIE-IN ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
HOOD CONDITION (✓) Clean ( ) Greasy
FILTER CONDITION ( ) Clean (✓) Greasy very
DUCT CONDITION (✓) Clean ( ) Greasy

THIS FIRE SUPPRESSION SYSTEM MEETS CURRENT N.F.P.A. 96 REQUIREMENTS FOR FULL SURFACE PROTECTION AND FUEL SHUT OFF (✓) Yes ( ) No

SYSTEM DEFICIENCIES ___

PORTABLE EXTINGUISHERS ( ) 40BC Rated Sodium Bicarb or Potassium Bicarb ( ) Yes ( ) No For Dry Chemical Systems
(✓) K-Type (✓) Yes ( ) No For Wet Chemical Systems

PORTABLE EXTS. ( ) Inspect Qty ___ # FOR RECHARGE ___ DATE ___

ANY review, recommendation, or inspection made by this company relates solely to fire insurance rating consideration. No representation or warranties of any kind are intended or made.

I, the undersigned, hereby agree that in the event of default of payment of the amount due for this inspection and if this account is placed into the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agencies and attorneys fees and court costs incurred and commanded by law governing these actions in the state of New York.

TERMS: Cash or check only, (unless prior credit approval has been made with our office). A service and handling charge of 2% per month ($2.00 minimum) will be added on all invoices over 30 days (annual rate of 24%).

AUTHORIZED BY [signature] TITLE ___

SERVICED BY [signature]

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
12/20/2004	11:45	X	

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			

LOCATION OF SYSTEM CYLINDERS: in cabinet on left side of hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Pyro Chem	PCL-240 w 240	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
2.4 lbs	2.4 gallon	

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	4		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	1½"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1996	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: Mykonos Greek Cuisine

Address: 274 North Goodman St

City: Rochester, NY 14607

Telephone: 271-5516 Store No.

Owner or Manager: Slothie

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

Oven	15' Fryer	8 Burner Range	6' Charbroiler

1. All appliances properly covered w/correct nozzles	YES	20. Replaced fuse links (4) - 450° - 2004	N/C
2. Duct and plenum covered w/correct nozzles	YES	21. Check travel of cable nuts/S-hooks	YES
3. Check positioning of all nozzles.	YES	22. Piping & conduit securely bracketed	YES
4. System installed in accordance w/MFG UL listing	YES	23. Proper separation between fryers & flame	YES
5. Hood/duct penetrations sealed w/weld or UL device	YES	24. Proper clearance-flame to filters	YES
6. Check if seals intact, ~~evidence of tampering~~	(Change)	25. Exhaust fan in operating order	YES
7. If system has been discharged, report same	Ø	26. All filters replaced	N/C
8. Pressure gauge in proper range (If gauged)	175psi/175psi	27. Fuel shut-off in on position	YES
9. Check cartridge weight (If applicable)	N/A	28. Manual & remote set/seals in place	YES
10. Hydrostatic test date	1996	29. Replace systems covers	N/C
11. 6 year maintenance date	Ø	30. System operational & seals in place	YES
12. Inspect cylinder ~~and mount~~	YES	31. Slave system operational	YES
13. Operate system from terminal link (4)	YES	32. Clean cylinder ~~& mount~~	YES
14. Test for proper operation from remote	YES	33. Fan warning sign on hood	YES
15. Check operation of micro switch	YES	34. Personnel instructed in manual operation of system	YES
16. Check operation of gas valve	YES	35. Proper hand portable extinguishers	YES
17. Clean nozzles	YES	36. Portable extinguishers properly serviced (5)	YES
18. Proper nozzle covers in place	YES	37. Service & Certification tag on system	YES
19. Check fuse links and clean	YES	NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS:

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X						
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE C/U

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. Goodman St.

DATE RECEIVED IN FIRE SAFETY:

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
8/30/04				✓				4 viol found		AR
9/8/05							✓	1 corr		AR
9/19/05	1p.							3 corr	X	AR
								to receive fax		
								Info faxed to		
								Billie x 6287		
								Used to be Mykonos'		
								Greek rest.		
								Do they have monitored		
								system?		
								APPROVED		
								10/10/05		

MEMORANDUM

Richards

To: Lt. Al Borrino, Fire Safety Division
From: Billie Dunkley , Code Enforcement
Date: August 23, 2005
Subject: Certificate of Use Application

Enclosed please find the following copy of a Certificate of Use application dated August 22, 2005 for your review, comments and/or approval:

Address:	Business	Business Owner
274 North Goodman St.	Feta Chinni	Louis Fico

Please be advised that pursuant to 90-36 of the City Code, the City is required to issue or deny a Certificate of Use within 30 days of receipt of the completed application. Therefore, your written comment and/or approval must be submitted to me no later than **September 6, 2005** As part of your unit's review, it is imperative that any required property inspection take place. **The inspection for this property is scheduled for August 30, 2005 between 1-3 PM.** Please provide a copy of the inspection report if one is conducted. If your inspection is delayed by the applicant's actions, please advise me in writing so I can notify the owner that the application is incomplete.

Please feel free to call me at x6533 if you have any questions. Thank you for your cooperation.

Owner phone 254-3382 Business
247-7195 Home

SYST ✓ ✓

Arrangement fire prot. / Applic.

K - 12/04 ok

- fx (1) dry powder ABC 10/5
- Sphlr report
- fire alarm syst report

Illu Exit sign

FOD

CERTIFICATE OF USE APPLICATION

NET - Department of Code Enforcement
30 Church Street - 007A
Rochester, New York 14614

To be completed by Business Owner and/or Operator:

Business Name: FETA CHINNI Business Phone: 254 3382 ____ RENEWAL ____ NEW
Business Operator: LOU FICO
Business Address: 274 N. GOODMAN ZIP: 14607
Business Type: REST. F= Food Store R/S= Retail Store S= Barber Shop/Salon
Business Symbols: R= Restaurant B=Bar B/R= Bar/Restaurant L= Laundromat D= Drug Store

Other Related Licenses:
(i.e. Liquor, Entertainment, Amusement Center, Pawn Broker, Second Hand Dealer.) Type: Liq Number: Pending

SS #: 088440032 DOB: 2/15/49

Business Owner and/or Corporation/Partnership(If other than operator): ____
Owner/Operator: LOU FICO List Corporation Principals/Partners (If applicable)
Home Address: 14 FIRESTONE DR Home Phone: 585 247 7195
Zip: 14624

Partners: ____

(ALL CERTIFICATES WILL BE MAILED TO THE BUSINESS ADDRESS)

Property Owner: LOUIS FICO Phone: ____ (GARY + MARCIA STERN
Home Address: 14 FIRESTONE DR
ROCHESTER N.Y. Zip: 14624

I understand that false statements made on this application may result in the denial or revocation of the Certificate of Use.

Business Operator Signature: Louis J. Fico **Date:** 8/22/05

(For City Use Only)

FEE: New: $100.00 ✓ Form of Payment: CASH Photo Date: 8/22/05
Photo #: 2
Clerk Register#: 014

NET ADMINISTRATOR & NET LIEUTENANT: **(ATTACH C OF U APPROVAL FORM)**
RFD/Fire Safety: [signature] Date: 9/19/05 **(Required for new places of assembly only)**
DCD ZONING: ____ Date: ____ **(New applications &/or nonconforming uses only)**
Legal Use ____
Approved Hours of Operation: — AM/PM to — AM/PM unl M1 ok wd
Approved MAXIMUM Occupancy: ____ (Bars/Restaurants)

NET CODE ENFORCEMENT

DATE OF INSPECTION: 8/30/05 TIME: 1-3 **VIOLATIONS**
NET INSPECTOR: ____ Date: ____ YES ____ NO ____

Current C/O	Yes ✓	No ____	Date ____
Open cases	Yes ✓	No ____	
Nuisance Points	Yes ____	No ✓	# Points ____
Active Permits	Yes ✓	No ____	
MCVB Judgements	Yes ____	No ✓	
Delinquent Taxes	Yes ____	No ✓	

The required approvals must be signed and dated by the appropriate staff before a C of U will be issued.

Date of Approval: ____ C of U#: 3209

08881332 •100.00

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

Al Richards
428-3685

NOTICE OF VIOLATION
AND ORDER TO COMPLY

Lou. Fico
Feta Chinni
NAME

Date 8/30/05

274 N. Goodman St.
ADDRESS

Rochester, N.Y. 14607
CITY, STATE, ZIP

cell 309-7327
(585) 247-7195 cell 232 7327 shop

Inspection of the premises located at 274 N. Goodman St reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

NYS. F.C. 906.1. — Need (1) 10lb rated portable fire extinguisher dry powder type - (Restaurant Area) (or behind counter.) ✓ @

NYS. F.C. 901.6.2. — Record of inspection of fire Alarm System. May fax 428-6785

NYS. F.C. 1003.2.11 — (1) Illuminated exit sign inoperative @ front door. Check bulb(s) ✓

NYS. F.C. 904.6.1. — Fire Extinguishment System inspection on 6 month intervals ✓

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Albert J. Richards

Fire Marshal

Fire Marshal

DATE OF COMPLIANCE 9/19/05

FD 506

FOD

CERTIFICATE OF USE APPLICATION

NET - Department of Code Enforcement
30 Church Street - 007A
Rochester, New York 14614

To be completed by Business Owner and/or Operator: **Page 1 of 2**

Business Name: FETA CHINNI Business Phone: 254 3382 ____ RENEWAL ____ NEW
Business Operator: LOU FICO
Business Address: 274 N. GOODMAN ZIP: 14607
Business Type: REST. F= Food Store R/S= Retail Store S= Barber Shop/Salon
Business Symbols: R= Restaurant B=Bar B/R= Bar/Restaurant L= Laundromat D= Drug Store

Other Related Licenses: (i.e. Liquor, Entertainment, Amusement Center, Pawn Broker, Second Hand Dealer.) Type: Liq Number: Pending

SS #: 088440032 DOB: 2/15/49

Business Owner and/or Corporation/Partnership(If other than operator):
Owner/Operator: LOU FICO
Home Address: 14 FIRESTONE DR
List Corporation Principals/Partners (If applicable)
Home Phone: 585 247 7195
Zip: 14624

Partners:

(ALL CERTIFICATES WILL BE MAILED TO THE BUSINESS ADDRESS)

Property Owner: LOUIS FICO Phone: ____ (GARY + MARCIA STERN
Home Address: 14 FIRESTONE DR
ROCHESTER N.Y. Zip: 14624

I understand that false statements made on this application may result in the denial or revocation of the Certificate of Use.

Business Operator Signature: Louis J. Fico **Date:** 8/22/05

(For City Use Only)

FEE: New: $100.00 ✓ Form of Payment: Cash Photo Date: 8/22/05 Photo #: 2 Clerk Register#: 014

NET ADMINISTRATOR & NET LIEUTENANT: (ATTACH C OF U APPROVAL FORM)
RFD/Fire Safety: [signature] Date: 9/19/05 **(Required for new places of assembly only)**
DCD ZONING: ____ Date: ____ **(New applications &/or nonconforming uses only)**
Legal Use
Approved Hours of Operation: — AM/PM to — AM/PM wnl mi ok wd
Approved MAXIMUM Occupancy: ____ (Bars/Restaurants)

NET CODE ENFORCEMENT

DATE OF INSPECTION: 8/30/05 TIME: 1-3
NET INSPECTOR: ____ Date: ____

VIOLATIONS YES ____ NO ____

Current C/O	Yes ✓	No ____	Date ____
Open cases	Yes ✓	No ____	
Nuisance Points	Yes ____	No ✓	# Points ____
Active Permits	Yes ✓	No ____	
MCVB Judgements	Yes ____	No ✓	
Delinquent Taxes	Yes ____	No ✓	

The required approvals must be signed and dated by the appropriate staff before a C of U will be issued.

Date of Approval: ____ C of U#: 3209

D

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. Goodman St.

Person contacted: Telephone #:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
8/19/04								Vacant/Move out	X	Ar

Y N
☑ ☐ SPRINKLER SYSTEM
☑ ☐ COOKING HOOD SYSTEM
☐ ☑ FIRE ALARM SYSTEM
☐ ☑ STANDPIPE SYSTEM
☑ ☐ COOKING SYSTEM
☐ ☑ BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION
Al Richards
FIRE MARSHAL

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2004

INSPECTION DATE: 8/18/04

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16	60	09067	OVEN OR KILN OPERATION INDUST/COMM

VACANT - moved out

B120

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: 8/18/04 20 ____ SIGNATURE: [signature]

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02123

TAX ACCT #

ADDRESS GOODMAN ST N FROM/TO 274

PROPERTY OWNER GARY I STERN ADDRESS 274 N. GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 274 N. GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN ADDRESS 40 EVANDALE RD PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 54	SPECIFIC PROPERTY USE 591	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME PHONE
BUSINESS OWNER
ADDRESS PHONE
BUSINESS EMERGENCY
ADDRESS PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02124

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER GRAY I STERN — ADDRESS 274 N GOODMAN ST — PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY — ADDRESS 274 N GOODMAN ST — PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN — ADDRESS 40 EVANDALE RD — PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	794	2	2

NO ENTRY DATES:

BUSINESS NAME — PHONE

BUSINESS OWNER STEVEN CARPENTER

ADDRESS — PHONE 758 1410

BUSINESS EMERGENCY ADDRESS — PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC. — COMPLAINT

☐ NO VIOLATIONS NOTED AT THIS TIME ☒ A ☐ B ☐ C ☐ D

DISPOSITION by FIRE SAFETY:

			REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
R11						
GOODMAN	ST N 274	005000-03.0				
GARY	I STERN	274 N GOODMAN ST ROCHESTER NY			442-9061	14607
STERN REALTY		274 N. GOODMAN ST ROCHESTER NY			14607	
GARY I STERN		40 EVANDALE RD ROCHESTER NY		461-9867	14618	
	51	594 2				2

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

R11 GOODMAN ST N 274 005000-03.0 GARY I STERN 274 N GOODMAN ST 442-9061 ROCHESTER NY 14607 STERN REALTY 274 N GOODMAN ST ROCHESTER NY 14607

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE

BUS/PROP REPRESENTATIVE: GARY I. STERN — POSITION / TITLE — DATE OF REINSPECTION

40 EVANDALE RD ROCHESTER NY 461-9867 14618

FIRE SAFETY INSPECTOR: — DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11 INSPECTION # 04 - 02126

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER ADDRESS PHONE 000-0000

CITY STATE ZIP

MAILING NAME ADDRESS PHONE

CITY STATE ZIP

EMERGENCY CONTACT ADDRESS PHONE 000-0000

CITY STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME ARCTIC WHOLESALE PHONE

BUSINESS OWNER

ADDRESS PHONE

BUSINESS EMERGENCY ADDRESS PHONE

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02127

ADDRESS GOODMAN ST N FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST
PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY
ADDRESS 274 N GOODMAN ST
PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN
ADDRESS 40 EVANDALE RD
PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 189	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME AREA ARTISTS INC
PHONE
BUSINESS OWNER G RENO
ADDRESS D-242-A ROCHESTER NY14607
PHONE 473 8958
BUSINESS EMERGENCY ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02128

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER	GARY I STERN	ADDRESS	274 N GOODMAN ST
		PHONE	442-9061
		CITY	ROCHESTER
		STATE	NY
		ZIP	14607
MAILING NAME	STERN REALTY	ADDRESS	274 N GOODMAN ST
		CITY	ROCHESTER
		STATE	NY
		ZIP	14607
EMERGENCY CONTACT	GARY I STERN	ADDRESS	40 EVANDALE RD
		PHONE	461-9867
		CITY	ROCHESTER
		STATE	NY
		ZIP	14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	562	2	2

NO ENTRY DATES:

BUSINESS NAME BOCCACINO HEATING PHONE

BUSINESS OWNER KAREN FALBO

ADDRESS C256 ROCHESTER NY14607

PHONE 454 2120

BUSINESS EMERGENCY KAREN FALBO

ADDRESS 8 SYLVAN GLEN FAIRPORT NY14450

PHONE 387 9930

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02129

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP	14607
MAILING NAME	**ADDRESS**	**PHONE**
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP	14607
EMERGENCY CONTACT	**ADDRESS**	**PHONE**
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP	14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	534	2	2

NO ENTRY DATES:

BUSINESS NAME 80P SHOP RECORD STORE PHONE
BUSINESS OWNER THOMAS KOHN
ADDRESS 8123 ROCHESTER NY14607
PHONE 271 3354
BUSINESS EMERGENCY THOMAS KOHN
ADDRESS 865 WHALEN RD PENFIELD NY14526
PHONE 381 3816

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02130

ADDRESS FROM / TO TAX ACCT #

[redacted]

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	
MAILING NAME	**ADDRESS**	**PHONE**
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	
EMERGENCY CONTACT	**ADDRESS**	**PHONE**
GARY I. STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME CALIFORNIA ROLLIN SUSHI PHONE
BUSINESS OWNER TOM BEAMAN
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE 271 8990
BUSINESS EMERGENCY TOM BEAMAN
ADDRESS 9 CROSSROAD DR ROCHESTER NY14609
PHONE 288 7026

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02131

TAX ACCT #

ADDRESS — FROM / TO
GOODMAN ST N 274

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME CALIFORNIA ROLLIN SUSHI PHONE
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02132

ADDRESS: GOODMAN ST N FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER: GARY I STERN	ADDRESS: 274 N GOODMAN ST		PHONE: 442-9061
	CITY: ROCHESTER	STATE: NY	ZIP: 14607
MAILING NAME: STERN REALTY	ADDRESS: 274 N GOODMAN ST		PHONE:
	CITY: ROCHESTER	STATE: NY	ZIP: 14607
EMERGENCY CONTACT: GARY I STERN	ADDRESS: 40 EVANDALE RD		PHONE: 461-9867
	CITY: ROCHESTER	STATE: NY	ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES:

BUSINESS NAME: COMICS ETC — PHONE:
BUSINESS OWNER: ANDY BATTAGLIA
ADDRESS: B114 — ROCHESTER NY14607
PHONE: 473 7150
BUSINESS EMERGENCY: ANDY BATTAGLIA
ADDRESS: 155 FLOVERTON ST — ROCHESTER NY14610
PHONE: 654 8262

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02133

ADDRESS [redacted] FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER	GARY I STERN	ADDRESS	274 N GOODMAN ST
		PHONE	442-9061
		CITY	ROCHESTER
		STATE	NY
		ZIP	14607
MAILING NAME	STERN REALTY	ADDRESS	274 N GOODMAN ST
		CITY	ROCHESTER
		STATE	NY
		ZIP	14607
EMERGENCY CONTACT	GARY I STERN	ADDRESS	40 EVANDALE RD
		PHONE	461-9867
		CITY	ROCHESTER
		STATE	NY
		ZIP	14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	231	1	2

NO ENTRY DATES:

BUSINESS NAME DANCER'S ALLEY DANCE STUDIO PHONE
BUSINESS OWNER MEGGINS KELLY
ADDRESS D238 ROCHESTER NY14607
PHONE 271 0031
BUSINESS EMERGENCY MEGGINS KELLY
ADDRESS 44 COUCHMAN AV ROCHESTER NY14617
PHONE 467 3686

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02134

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	
MAILING NAME	**ADDRESS**	**PHONE**
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	
EMERGENCY CONTACT	**ADDRESS**	**PHONE**
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

BUSINESS NAME ENCHANTED WORLD OF DOLLS PHONE
BUSINESS OWNER MARY JANE MUSCARELLA
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE 244 0489
BUSINESS EMERGENCY MARY JANE MUSCARELLA
ADDRESS 6 CRABTREE CL WEBSTER NY14580
PHONE 671 6518

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02135

ADDRESS [redacted] FROM / TO TAX ACCT #

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN
ADDRESS: 40 EVANDALE RD
PHONE: 481-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME ENVIRONMENTAL DESIGN & REC PHONE 315
BUSINESS OWNER DAVE CRANDELL
ADDRESS 238 WEST DIVISION ST SYRACUSE NY13204
PHONE 471 0688
BUSINESS EMERGENCY DOUG MAGDE 271-0040
ADDRESS 77 LAURELTON RD ROCHESTER NY14609
PHONE 654 7792

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02136

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	
MAILING NAME	**ADDRESS**	**PHONE**
STERN REALTY	2274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	
EMERGENCY CONTACT	**ADDRESS**	**PHONE**
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME KELLER ADVERTISING PHONE
BUSINESS OWNER SCOTT A KELLER
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE 271 7000
BUSINESS EMERGENCY SCOTT A KELLER
ADDRESS 2506 OAKVIEW DR ROCHESTER NY14617
PHONE 266 2083

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02137

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP	14607

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP	14607

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP	14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME MOTION CONTROL TECHNOLOGY PHONE
BUSINESS OWNER JOHN SAPORITO (461-2110)
ADDRESS 1650 STRONG RD VICTOR NY14564
PHONE 742 1649
BUSINESS EMERGENCY PATRICK ALLEN
ADDRESS
PHONE 381 2154

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02138

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 591	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME NYS ASSEMBLY MEMBER SUSAN PHONE

BUSINESS OWNER

ADDRESS C254 ROCHESTER NY14607

PHONE 244 5255

BUSINESS EMERGENCY PATRICIA RZEPKA

ADDRESS 17 VALLEY GREEN DR PENFIELD NY14526

PHONE 377 0924

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02139

ADDRESS [redacted] FROM / TO TAX ACCT #

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME ONONDAGA SCHOOL OF THERAPO PHONE
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY PRICILLA VILLENSVA
ADDRESS 76-C DODGE ST ROCHESTER NY14606
PHONE 305 7034

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02140

ADDRESS [redacted] ST N 274

FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	521	2	2

NO ENTRY DATES:

BUSINESS NAME: RICKY'S PLACE
BUSINESS OWNER: RICKY SANDS
ADDRESS: B116 ROCHESTER NY14607
PHONE: 442 0042
BUSINESS EMERGENCY: RICKY SANDS
ADDRESS: 195 WIMBLEDON RD ROCHESTER NY14617
PHONE: 544 0009

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02141

ADDRESS [redacted] FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN

ADDRESS 40 EVANDALE RD PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 161	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME SALENA'S MEXICAN RESTAURA PHONE

BUSINESS OWNER ALBERT DEBLICK

ADDRESS 274 N GOODMAN ST ROCHESTER NY14607

PHONE

BUSINESS EMERGENCY ALBERT DEBLICK

ADDRESS 70 QUENTIN RD ROCHESTER NY14609

PHONE 750 0750

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02142

ADDRESS [redacted] ST N FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	192	2	2

NO ENTRY DATES:

BUSINESS NAME: SHI-LING SHING STUDIOS PHONE
BUSINESS OWNER: SHI-LING HSIANG
ADDRESS: 274 N GOODMAN ST A403 ROCHESTER NY14607
PHONE: 244 9148
BUSINESS EMERGENCY: SHI-LING HSIANG
ADDRESS: 16 STONEBRIDGE LN PITTSFORD NY14534
PHONE: 248 8262

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02143

ADDRESS [redacted] FROM / TO [redacted]

TAX ACCT #

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP	14607
MAILING NAME	**ADDRESS**	**PHONE**
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP	14607
EMERGENCY CONTACT	**ADDRESS**	**PHONE**
GARY I. STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP	14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	794	2	2

NO ENTRY DATES:

BUSINESS NAME STEVEN CARPENTER STUDIO PHONE
BUSINESS OWNER STEVEN CARPENTER
ADDRESS 274 N GOODMAN ST D-240 ROCHESTER NY14607
PHONE 758 1410
BUSINESS EMERGENCY JUDY KEESAN
ADDRESS
PHONE 473 1526

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02144

ADDRESS [redacted] FROM / TO TAX ACCT #

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY STATE ZIP

MAILING NAME ADDRESS PHONE

CITY STATE ZIP

EMERGENCY CONTACT ADDRESS PHONE 000-0000

CITY STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME TELECOMMUNICATIONS BANK PHONE
BUSINESS OWNER TELECOMMUNICATIONS BANK
ADDRESS 274 N GOODMAN ST A204 ROCHESTER NY14607
PHONE
BUSINESS EMERGENCY PERRY BANKS
ADDRESS 552 CLAY AV ROCHESTER NY14613
PHONE 647 1784

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11 INSPECTION # 04 - 02145

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME ADDRESS PHONE

CITY STATE ZIP

EMERGENCY CONTACT ADDRESS PHONE 000-0000

CITY STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 594	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME THE STUDIO PHONE

BUSINESS OWNER GEORGE SCHNELL

ADDRESS 1 SUMMER PK ROCHESTER NY14607

PHONE 256 2188

BUSINESS EMERGENCY ADDRESS PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02146

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	
MAILING NAME	**ADDRESS**	**PHONE**
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	
EMERGENCY CONTACT	**ADDRESS**	**PHONE**
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	161	2	2

NO ENTRY DATES:

BUSINESS NAME VILLAGE GATE CAFE PHONE

BUSINESS OWNER MARIAN PARROW

ADDRESS 274 N GOODMAN ST ROCHESTER NY14607

PHONE 254 1592

BUSINESS EMERGENCY MARIAN PARROW

ADDRESS 834 FLOWER CITY PARK ROCHESTER NY14615

PHONE 719 9488

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02147

ADDRESS GOODMAN ST N FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME

ADDRESS

PHONE

CITY STATE ZIP

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 58	SPECIFIC PROPERTY USE 585	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME VILLAGE GATE SQUARE PHONE

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY

ADDRESS

PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02148

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME WOSA'S FINE WIGS, BRAIDS PHONE
BUSINESS OWNER WOSA PAASEWE
ADDRESS 274 N GOODMAN ST B131 ROCHESTER NY14607
PHONE 370 1912
BUSINESS EMERGENCY WOSA PAASEWE
ADDRESS 40 TERRACK PK ROCHESTER NY14619
PHONE 436 4068

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02150

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES:

BUSINESS NAME YANKEE PEDDLER BOOKS PHONE
BUSINESS OWNER JOHN WESTERBERG
ADDRESS 8130 ROCHESTER NY14607
PHONE 271 5080
BUSINESS EMERGENCY JOHN WESTERBERG (315)
ADDRESS 4299 E LAKE RD WILLIAMSON NY14589
PHONE 589 2049

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585) **428-7037**

COMPANY R11

INSPECTION # 04 - 02149

ADDRESS [redacted] FROM / TO

TAX ACCT # 005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP	14607
MAILING NAME	**ADDRESS**	**PHONE**
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP	14607
EMERGENCY CONTACT	**ADDRESS**	**PHONE**
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP	14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

BUSINESS NAME YANKEE CLIPPER CARDS PHONE

BUSINESS OWNER THOMAS CAUKINS

ADDRESS 274 N GOODMAN ST B125 ROCHESTER NY14607

PHONE 442 5700

BUSINESS EMERGENCY THOMAS CAUKINS 315

ADDRESS 5125 WILLIAMSON RD MARION NY14505

PHONE 589 8425

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Lakeshore Fire Protection, Inc.

Fire Protection Specialists
845-A Maple Street
Rochester, New York 14611
585-529-3850
FAX 529-3585

7161

Customer
SALINAS REST
VILLAGE GATE 274 GOODMAN ST N.
ROCH

Service Date 6/15/04
VOID 6 MONTHS FROM ABOVE DATE

SEMI-ANNUAL MAINTENANCE OF AUTOMATIC FIRE SUPPRESSION SYSTEM

SYSTEM MANUFACTURER (✓) Pyro Chem ( ) Protex ( ) Ansul ( ) Range Guard ( ) Kidde
MODEL PCL275 CYLINDER SIZE 2.75 GAL NO. CYLINDERS 1
HYDROTEST DATE 11/02 DATE PREVIOUS SERVICE 12/04 GAUGE PSI 175
PILOT CARTRIDGE ( ) Replaced (✓) Checked ( ) N.A. Date Replaced ___/___/___
NO. OF NOZZLES Plenum 3 Duct 2 Surface 4
NO. OF FUSIBLE LINKS 360° ___ 500° ___ Replaced ( ) Yes (✓) No
REMOTE MANUAL PULL ( ) None installed ( ) None required (✓) Accessible ( ) Non accessible
NOZZLE CAPS (✓) OK Number missing ___ Number replaced ___
NOZZLES CONDITION (✓) Good ( ) Fair ( ) Poor ( ) Cleaned
CYLINDER ACCESSIBILITY (✓) Accessible ( ) Non-accessible
FUEL SHUT OFF-GAS (✓) Operational ( ) Non-operational ( ) Not required ( ) None installed
FUEL SHUT OFF-ELECTRIC ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
FIRE ALARM TIE-IN ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
HOOD CONDITION (✓) Clean ( ) Greasy
FILTER CONDITION (✓) Clean ( ) Greasy
DUCT CONDITION (✓) Clean ( ) Greasy

THIS FIRE SUPPRESSION SYSTEM MEETS CURRENT N.F.P.A. 96 REQUIREMENTS FOR FULL SURFACE PROTECTION AND FUEL SHUT OFF (✓) Yes ( ) No

SYSTEM DEFICIENCIES ___

PORTABLE EXTINGUISHERS ( ) 40BC Rated Sodium Bicarb or Potassium Bicarb ( ) Yes ( ) No For Dry Chemical Systems
(✓) K-Type (✓) Yes ( ) No For Wet Chemical Systems

PORTABLE EXTS. (✓) Inspect Qty. 3 # FOR RECHARGE ___ DATE 6/15

ANY review, recommendation, or inspection made by this company relates solely to fire insurance rating consideration. No representation or warranties of any kind are intended or made.

I, the undersigned, hereby agree that in the event of default of payment of the amount due for this inspection and if this account is placed into the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agencies and attorneys fees and court costs incurred and commanded by law governing these actions in the state of New York.

TERMS Cash or check only. (unless prior credit approval has been made with our office). A service and handling charge of 2% per month ($2.00 minimum) will be added on all invoices over 30 days (annual rate of 24%).

AUTHORIZED BY ___ TITLE ___

SERVICED BY ___

AL Q4

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274N Goodman

Person contacted: Telephone #:

MAR 11 2004
DATE RECEIVED IN FIRE SAFETY:

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
3/25/04								ok	X	[illegible]

Y	N	
☑	☐	SPRINKLER SYSTEM
☐	☑	COOKING HOOD SYSTEM
☐	☑	FIRE ALARM SYSTEM
☑	☐	STANDPIPE SYSTEM
☐	☑	COOKING SYSTEM
☐	☑	BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION
AC Richards
FIRE MARSHAL

INSPECTION REPORT PERMIT MONTH: MAY 2004

INSPECTION DATE: 3/25/04

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: 4429061 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	60	05045	ACETYLENE/FLAMMABLE GAS USAGE

DATE VIOLATIONS ISSUED: _____ 20 ___ CORRECTED: _____ 20 ___

DATE OF APPROVAL FOR PERMIT: 3/25/ 20 04 SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD:_____ _____

SPRINKLER SYSTEM-STANDPIPE-FIRE ALARM SHUT-DOWN NOTIFICATION

DATE CALLED IN: 2-5-04 TIME CALLED IN: 9:25 am

STREET ADDRESS: 274 N Goodman

BUSINESS OR BUILDING NAME: Village Gate Square

NAME OF CALLER: Harry DAusch Plumbing

TELEPHONE : 370-5072

WHAT TYPE OF SYSTEM IS SHUT DOWN: PLEASE CIRCLE ALL THAT APPLY

SPRINKLER **STANDPIPE** **FIRE ALARM**

SERVICE SHUT OFF: TIME: 9:30 am DATE: 2-5-04

MUST GET THE TIME & DATE WHEN EXPECTED BACK ON: 4pm

REASON FOR SYSTEM SHUT-DOWN: Work on System / draining riser

AREA OF BUILDING / COMPLEX AFFECTED: bldg 274 riser 3

ASK CALLER IF THIS FACILITY HAS ANY SPECIAL STORAGE OR PROCESS HAZARDS. IF YES, THIS FORM MUST BE PASSED TO A FIRE INSPECTOR IMMEDIATELY AFTER MAKING THE NOTIFICATIONS.

THIS NOTIFICATION MUST BE FAXED TO FIRE INVESTIGATION AT 428-1366, FIRE DISPATCHER AT 528-2266 AND ADMIN. DISPATCHERS ~~528-2265~~ (FIRE INVESTIGATION WILL NOTIFY FIRE COMPANIES VIA MDT)

INFORMATION RECEIVED BY : Jennifer

AFTER 7 DAYS, THE SYSTEM HAS NOT BEEN RESTORED, AN INSPECTION SHALL BE MADE OF THE PROPERTY TO DETERMINE THE OPERATIONAL CAPABILITY OF THE SYSTEM. A WITNESS TEST SHALL BE REQUIRED OF SPRINKLER AND STANDPIPE SYSTEMS THAT WERE SHUT-DOWN FOR REPAIR.

SERVICE RESTORED TIME: 4 P. DATE: 2/5/04

WHEN SYSTEM IS BACK ON LINE THIS MUST BE FAXED AGAIN TO THE ABOVE NUMBERS

FAXED

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
1/27/04	12:35		X

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			

LOCATION OF SYSTEM CYLINDERS: in cabinet left side of hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Pyrolhem	PCL-2410/2410 Alex	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
2.4 Gallon	2.4 Gallon	

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	4		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	1 1/2"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1996	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: Mykonos Greek Cuisine

Address: 274 N. Goodman St

City: Rochester, NY 14607

Telephone: 271-5510 Store No.

Owner or Manager

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

15" Fryer	8 Burner range	48" Charbroiler	

1. All appliances properly covered w/correct nozzles — Yes
2. Duct and plenum covered w/correct nozzles — Yes
3. Check positioning of all nozzles. — Yes
4. System installed in accordance w/MFG UL listing — Yes
5. Hood/duct penetrations sealed w/weld or UL device — Yes
6. Check if seals intact, evidence of tampering — Yes/NO
7. If system has been discharged, report same — N/A
8. Pressure gauge in proper range (If gauged) — Yes
9. Check cartridge weight (If applicable) — N/A
10. Hydrostatic test date — 1996
11. 6 year maintenance date — N/A
12. Inspect cylinder and mount — Yes
13. Operate system from terminal link — Yes
14. Test for proper operation from remote — Yes
15. Check operation of micro switch — Yes
16. Check operation of gas valve — Yes
17. Clean nozzles — Yes
18. Proper nozzle covers in place — Yes
19. Check fuse links and clean — Yes
20. Replaced fuse links 03's replaced last inspection — NO
21. Check travel of cable nuts/S-hooks — Yes
22. Piping & conduit securely bracketed — Yes
23. Proper separation between fryers & flame — Yes
24. Proper clearance-flame to filters — Yes
25. Exhaust fan in operating order — Yes
26. All filters replaced — N/A
27. Fuel shut-off in on position — Yes
28. Manual & remote set/seals in place — Yes
29. Replace systems covers — N/A
30. System operational & seals in place — Yes
31. Slave system operational — Yes
32. Clean cylinder & mount — Yes
33. Fan warning sign on hood — Yes
34. Personnel instructed in manual operation of system — Yes
35. Proper hand portable extinguishers has K-1 — Yes
36. Portable extinguishers properly serviced — Yes
37. Service & Certification tag on system — Yes

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS:

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X Eugene Rotte		1/27/04	1:05		X	Mykonos
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

FIRE SAFETY INSPECTION RECORD

☒ LICENSE ☒ EAST
☐ PERMIT ☐ WEST
☐ COMPLAINT ☐ SPECIAL
REFERRAL Richards

LOCATION: 274 N. Goodman ST

Person contacted:

Telephone #:

Owner Name:
Owner Address:
Owner Phone:

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
5/24/05								2 vio 2 ord		AR
5/26/05								1 con		AR
5/31/05								1 com	X	AR

	Y	N	
Sprinkler System	✓		ok
Alarm Permit			
Cooking Hood			
Fire Alarm System			
Standpipe System			
Cooking System			
Bars/Wires on Windows			
Lock Box			
Posted Occupancy			

Permit# _____

Local Central (circle one)

APPROVED
6-1-05
AB

APPROVED
FIRE SAFETY DIVISION

Al Richards

Fire Marshal

CLS1080

Date Printed: May 20, 2005

City of Rochester
City Code License - Second Hand Dealer
For Application#: 164

Current Status/Date: **05/19/2005 P - Pending**

Applic. Date: **05/19/2005** Issue Date: Start Date: **01/01/2005** Expiration Date: **12/31/2005**

General Comments:

License Fee: **$150.00** ***** NEW LICENSE ***** Last Chgd: **05/20/2005 borrinoa**

Applicant: **GLORIA HANSELMAN** Residence: **265 BENNINGTON DR**

DOB: Home Phone: **(585) 865-7415** City, State, Zip: **ROCHESTER, NY 14616**

Business Name: **D & G COLLECTIBLES** Business Phone **(585) 271-8720**

Business Name:

Activity: **RETAIL- ANTIQUES & COLLECTIBLES**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: **1050718** Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **A** / **05/19/2005** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date: **05/19/2005**

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **05/19/2005** Reviewer:

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **05/20/2005** Reviewer: **richarda**

Occupancy: **0** Cart Inspection Date: Approved: **No**

Comments:

5/3/05

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: / Reviewer:

Comments:

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

AL Richards
428-3685

NOTICE OF VIOLATION
AND ORDER TO COMPLY

D & G Collectibles
NAME

Date 5/24/05

274 N Goodman St
ADDRESS

Rochester, N.Y. 14607
CITY, STATE, ZIP

Inspection of the premises located at Above reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

NYS. F.C. 906.1 – Need (1) portable fire extinguisher ABC type. 5lb w/10lb rating. Dry Powder

NYS. IMC 306. = Storage items blocking electrical panel box.

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal ALBERT L. Richards

DATE OF COMPLIANCE 5/31/05

Fire Marshal

FD-606

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

AL Richards
428-3685

NOTICE OF VIOLATION
AND ORDER TO COMPLY

D & G Collectibles
NAME

Date 5/24/05

274 N. Goodman St.
ADDRESS

Rochester, N.Y. 14607
CITY, STATE, ZIP

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2nd OFFENSE	$150	$300
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NYS. F.C. 906.1 – Need (1) portable fire extinguisher ABC type. 5lb w/10lb rating. Dry Powder

NYS. IMC 306.= Storage items blocking electrical panel box.

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal ALBERT C. Richards

DATE OF COMPLIANCE _____

Fire Marshal _____

FD 506

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY: R11

INSPECTION #: 08180

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

BUSINESS NAME ~~ENCHANTED WORLD OF DOLLS~~ Houghton College Book Store PHONE 454-2910

BUSINESS OWNER ~~MARY JANE MUSCARELLA~~

ADDRESS 274 N GOODMAN ST ROCHESTER NY14607

BUSINESS EMERGENCY ~~MARY JANE MUSCARELLA~~ Barb Bates PHONE ~~244-0489~~ cell 585 307 7574

ADDRESS ~~6 CRABTREE CL~~ WEBSTER NY14580

PHONE ~~671-6518~~

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM (Main Bldg SYST)	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
[signature]	R11	3	7	08/10/04
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY: RII

INSPECTION #: (03) 08185

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: ONONDAGA SCHOOL OF THERAP — PHONE:
BUSINESS OWNER:
ADDRESS:
BUSINESS EMERGENCY: Hazel Stewart ~~PRICILLA VILLENSVA~~ — PHONE: cell 880-7030
ADDRESS: ~~76-C DODGE ST~~ ROCHESTER NY ~~14606~~
22 Karenlee Dr 14618 — PHONE: ~~305-7034~~ 424-2333

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT: Robert P Queen	COMPANY: RII	DISTRICT: 3	GROUP: 1	DATE: 8/10/04
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY: R11

INSPECTION #: 08183

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME: MOTION CONTROL TECHNOLOGY — PHONE:
BUSINESS OWNER: JOHN SAPORITO (461-2110)
ADDRESS: 1650 STRONG RD VICTOR NY14564
PHONE: 742 1649
BUSINESS EMERGENCY: ~~PATRICK ALLEN~~ JOHN SAPORITO
ADDRESS: cell-370-7701 H 742-1649
PHONE: ~~381 2154~~

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM Mon 8/09	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM.	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT: Robert P Durand	COMPANY: R11	DISTRICT: 3	GROUP: 1	DATE: 8/9/04
BUS/PROP REPRESENTATIVE: Karen A Roy	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY: R11

INSPECTION #: 08181

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 481-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51		2	2

NO ENTRY DATES:

BUSINESS NAME: ENVIRONMENTAL DESIGN & RE — PHONE:
BUSINESS OWNER: DAVE CRANDELL 315
ADDRESS: 238 WEST DIVISION ST — SYRACUSE — NY13204
PHONE: 471 0688
BUSINESS EMERGENCY: ~~DOUG MAGDE~~ GARY Aldridge ~~241-0040~~
ADDRESS: ~~77 LAURELTON RD~~ 72 OWASSA DR — ROCHESTER — NY14609
PHONE: ~~654 7792~~ 342-9234

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM MAIN Bldg	☑ ☐ FIRE/SMOKE DETECT. SYSTEM Bldg SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT: Robert P Durand — COMPANY: R11 — DISTRICT: 3 — GROUP: 1 — DATE: 8/9/04

BUS/PROP REPRESENTATIVE: — POSITION / TITLE: — DATE OF REINSPECTION:

FIRE SAFETY INSPECTOR: — DATE:

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY R11

INSPECTION # 08176

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: CALIFORNIA ROLLIN SUSHI PHONE:
BUSINESS OWNER: TOM BEAMAN
ADDRESS: 274 N GOODMAN ST ROCHESTER NY14607
PHONE: 271 8990
BUSINESS EMERGENCY: TOM BEAMAN
ADDRESS: 9 CROSSROAD DR ROCHESTER NY14609
PHONE: ~~288 7026~~ 256-2762

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY: REFERRED / ORDERS ISSUED / CORRECTED / NOT REQUIRED

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☒ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☒ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF. T JOHNSON	R-11	3	1	8/9/04
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY: R11

INSPECTION #: 08177

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51		2	2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

BUSINESS NAME: CALIFORNIA ROLLIN SUSHI B PHONE:
BUSINESS OWNER:
ADDRESS: PHONE:
BUSINESS EMERGENCY:
ADDRESS: PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☒ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☒ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF TJOHNSON	R11	3	1	8/9/04
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-**428-7037**

COMPANY R11

INSPECTION # 08172

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT #

PROPERTY OWNER Gary J. Stern

ADDRESS 274 N. Goodman St.

PHONE 442-9061 000-0000

CITY Rochester, STATE N.Y. ZIP 14607

MAILING NAME

ADDRESS

PHONE

CITY STATE ZIP

EMERGENCY CONTACT Gary J. Stern

ADDRESS 40 Evandale Rd.

PHONE 461-9867 000-0000

CITY Rochester, STATE N.Y. ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME ARCTIC WHOLESALE PHONE

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY Bill Stong

ADDRESS 72 St Elias Circle PHONE H-723-0279 cell-721-0061

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM MAIN Bldg System	☒ ☐ FIRE/SMOKE DETECT. SYSTEM ADT IN Bldg	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Robert P Drummond	COMPANY R11	DISTRICT 3	GROUP 1	DATE 8/9/04
BUS/PROP REPRESENTATIVE: William [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY: RII

INSPECTION #: 08189

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	794	2	2

NO ENTRY DATES:

BUSINESS NAME: ~~STEVEN CARPENTER STUDIO~~ PHONE:
BUSINESS OWNER: ~~STEVEN CARPENTER~~
ADDRESS: ~~274 N GOODMAN ST D-240~~ ROCHESTER ~~NY14607~~
PHONE: ~~758-1410~~
BUSINESS EMERGENCY: ~~JUDY KEESAN~~
ADDRESS:
PHONE: ~~473-1526~~

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	VACANT AT This Time				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF TJOHNSON	RII	3	1	7/16/04
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY: R11

INSPECTION #: 08184

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME: ~~NYS ASSEMBLY MEMBER SUSAN~~ PHONE:
BUSINESS OWNER:
ADDRESS: ~~6254~~ ~~ROCHESTER~~ ~~NY14607~~
PHONE: ~~244-5255~~

BUSINESS EMERGENCY: ~~PATRICIA SZEPKA~~
ADDRESS: 17 ~~VALLEY GREEN~~ DR ~~PENFIELD~~ ~~NY14526~~
PHONE: ~~377-0924~~

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	space vacant @ this time				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
GT RP Queen	R11	3	1	7/16/04
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY R11

INSPECTION # 08 08195

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY	ZIP 14607

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY	ZIP 14607

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY	ZIP 14618

NFPA 901 CODES: GENERAL PROPERTY USE 51 | SPECIFIC PROPERTY USE 551 | STRUCTURE TYPE 2 | STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME YANKEE CLIPPER CARDS PHONE
BUSINESS OWNER THOMAS CAUKINS
ADDRESS 274 N GOODMAN ST B125 ROCHESTER NY14607
PHONE 442 5700
BUSINESS EMERGENCY THOMAS CAUKINS 315
ADDRESS 5125 WILLIAMSON RD MARION NY14505
(315) PHONE 589 8425

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: LT RR Duerand	COMPANY R11	DISTRICT 3	GROUP 1	DATE 7/16/04
BUS/PROP REPRESENTATIVE: Thomas A. Caukins, Jr.	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Rochester Fire Department
185 Exchange Boulevard, Suite 665
Rochester, NY 14614-2124
(585)-428-7037

COMPANY RII

INSPECTION # 08173

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	189	2	2

NO ENTRY DATES: ~~7/16/04~~

BUSINESS NAME: AREA ARTISTS INC — PHONE:
BUSINESS OWNER: ~~G. RENO~~ A.A. Jeff G.
ADDRESS: ~~D-242-A~~ ROCHESTER ~~NY 14607~~
PHONE: ~~473-8950~~ 756 2884
BUSINESS EMERGENCY ADDRESS: — PHONE:

DISPOSITION by FIRE SAFETY: REFERRED / ORDERS ISSUED / CORRECTED / NOT REQUIRED

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	~~make appointment~~				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☒ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☒ ☐ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☒ ☐ FIRE ALARM SYSTEM local	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
F.F. Wolf	R-11	3	1	7/16/04

BUS/PROP REPRESENTATIVE	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR	DATE
Lum H	

RFD 501 REV. 03/03

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 04/28/04

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

05-05051	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 60

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

PAID
MAY 6 2004

05-05051	PERMIT NUMBER
04/28/04	INVOICE DATE
05/28/04	DUE DATE
$ 60	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 05/31/05

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

Jerome Delgado
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

05-05051	PERMIT NUMBER
04/28/04	INVOICE DATE
05/28/04	DUE DATE
$ 60	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 03/29/04

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

EVOLUTION IMPRESSIONS INC
274 GOODMAN ST N

05-04047	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	$ 60
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 80
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	$ 60

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

05-04047	PERMIT NUMBER
03/29/04	INVOICE DATE
04/29/04	DUE DATE
$ 200	AMOUNT DUE

PAID
APR 28 2004

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

THIS PERMIT EXPIRES 04/30/05

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

05-04047	PERMIT NUMBER
03/29/04	INVOICE DATE
04/29/04	DUE DATE
$ 200	AMOUNT DUE

EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

(Evolution Impressions) 9M7 Richards

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 Goodman St N

Person contacted:

Telephone #:

FEB 19 2004

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
3/9/04								left business card w/ sect. 1 No Insp.		AR
3/12/04	830		2					2 viol 2 ord		AR
3/23/04						2		2 corr	X	AR

Y N

☐ ☐ SPRINKLER SYSTEM
☐ ☐ COOKING HOOD SYSTEM
☐ ☐ FIRE ALARM SYSTEM
☐ ☐ STANDPIPE SYSTEM
☐ ☐ COOKING SYSTEM
☐ ☐ BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION
A. L. Richards
FIRE MARSHAL

A flow i.e. signature/placing

INSPECTION REPORT PERMIT MONTH: APRIL 2004

INSPECTION DATE: 3/12/04

LOCATION: 274 GOODMAN ST N 02 OWNER: EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ~~TOM GRUBER~~ ~~Ross TeBow~~ ~~Gwala Shay~~ PHONE NO: 4736600 APPOINTMENT: (Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

Ross Thibault

CODE	FEE	PERMIT	
5412B10C	60	04050	FLAM/COMB LQD CLS I,II,III ✓
5412B17	80		CMBSTBL MAT'L STRGE-OVER 2500 CU FT ✓
5412B12C	60		CORROSIVE LIQUIDS - OVER 55 GAL ✓

① part [illegible] 2/04

3/8/ left bus card

DATE VIOLATIONS ISSUED: _____ 20 ___ CORRECTED: _____ 20 ___

DATE OF APPROVAL FOR PERMIT: 3/12 20 04 SIGNATURE: [signature]

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ___ DATE EXPIRED: _____ 20 ___

PERMIT NUMBER: _____ FEE REQD: _____ _____

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

Al Richards
428-3685.

NOTICE OF VIOLATION
AND ORDER TO COMPLY

Evolution Impressions
NAME

Date 3/12/04

274 N. Goodman St.
ADDRESS

Rochester, N.Y. 14607
CITY, STATE, ZIP

Inspection of the premises located at Above. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

NYS. F.C. 906.1 Portable fire extinguisher(s) outdated tag (Shop)

2703.5 fire safety signage missing on storage bin (Outside)

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal ALBERT P. Richards

DATE OF COMPLIANCE 3/23/04

Fire Marshal

FD 506

Lakeshore Fire Protection, Inc.

Fire Protection Specialists
845-A Maple Street
Rochester, New York 14611
585-529-3850
FAX 529-3585

6689

Customer
SILENAS REST
274 N. GOODMAN ST
ROCH

Service Date 12/10/03
VOID 6 MONTHS FROM ABOVE DATE

SEMI-ANNUAL MAINTENANCE OF AUTOMATIC FIRE SUPPRESSION SYSTEM

SYSTEM MANUFACTURER (✓) Pyro Chem ( ) Protex ( ) Ansul ( ) Range Guard ( ) Kidde
MODEL PC275 CYLINDER SIZE 2.75 GAL NO. CYLINDERS 1
HYDROTEST DATE 11/02 DATE PREVIOUS SERVICE 6/03 GAUGE PSI 175
PILOT CARTRIDGE ( ) Replaced (✓) Checked ( ) N.A. Date Replaced ___/___/___
NO. OF NOZZLES Plenum 2 Duct 3 Surface 4
NO. OF FUSIBLE LINKS 2400 360° ___ 500° ___ Replaced (✓) Yes ( ) No
REMOTE MANUAL PULL ( ) None installed ( ) None required (✓) Accessible ( ) Non accessible
NOZZLE CAPS (✓) OK Number missing ___ Number replaced ___
NOZZLES CONDITION (✓) Good ( ) Fair ( ) Poor ( ) Cleaned
CYLINDER ACCESSIBILITY (✓) Accessible ( ) Non-accessible
FUEL SHUT OFF-GAS (✓) Operational ( ) Non-operational ( ) Not required ( ) None installed
FUEL SHUT OFF-ELECTRIC ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
FIRE ALARM TIE-IN ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
HOOD CONDITION (✓) Clean ( ) Greasy
FILTER CONDITION (✓) Clean ( ) Greasy
DUCT CONDITION (✓) Clean ( ) Greasy

THIS FIRE SUPPRESSION SYSTEM MEETS CURRENT N.F.P.A. 96
REQUIREMENTS FOR FULL SURFACE PROTECTION AND FUEL SHUT OFF (✓) Yes ( ) No

SYSTEM DEFICIENCIES ___

PORTABLE EXTINGUISHERS ( ) 40BC Rated Sodium Bicarb or Potassium Bicarb ( ) Yes ( ) No For Dry Chemical Systems
(✓) K-Type (✓) Yes ( ) No For Wet Chemical Systems

PORTABLE EXTS. ( ) Inspect Qty. ___ # FOR RECHARGE ___ DATE ___

ANY review, recommendation, or inspection made by this company relates solely to fire insurance rating consideration. No representation or warranties of any kind are intended or made.

I, the undersigned, hereby agree that in the event of default of payment of the amount due for this inspection and if this account is placed into the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agencies and attorneys fees and court costs incurred and commanded by law governing these actions in the state of New York.

TERMS: Cash or check only, (unless prior credit approval has been made with our office) A service and handling charge of 2% per month ($2.00 minimum) will be added on all invoices over 30 days (annual rate of 24%).

AUTHORIZED BY x Albert DeBlieck TITLE ___

SERVICED BY [signature]

2ND

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted: Telephone #:

DATE RECEIVED IN FIRE SAFETY: DEC 10 2003

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
12-11-03	11 19							1 violation.		JM
1-2-04	1 15							No sprinkler Report		JS
								FILE		
								Need to go back 1-5-04		
								Last done 8/02		

Y	N	
☒	☐	SPRINKLER SYSTEM
☐	☒	COOKING HOOD SYSTEM
☐	☐	FIRE ALARM SYSTEM
☐	☐	STANDPIPE SYSTEM
☐	☐	COOKING SYSTEM
☐	☐	BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION

FIRE MARSHAL

CLS1080

Date Printed: December 10, 200

City of Rochester
City Code License - Second Hand Dealer
For Application#: 22

Current Status/Date: **12/03/2003 P - Pending**

Applic. Date: **12/03/2003** Issue Date: Start Date: **01/01/2004** Expiration Date: **12/31/2004**

General Comments:

License Fee: **$150.00** ***** RENEWAL LICENSE ***** Last Chgd: **12/10/2003 eisenhao**

Applicant: **Ricky Sands** Residence: **195 Wimbledon Rd**

DOB: **06/20/1934** Home Phone: **(585) 544-0009** City, State, Zip: **Rochester, NY 14617**

Business Name: **Ricky's Place** Business Phone **(585) 442-0042**

Business Name:

Activity: **new & secondhand jewelry and clothes**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **No**

Zoning Approval CZC#: **1010108** Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **A / 12/05/2003** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date: **12/05/2003**

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No /**

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W / 12/03/2003** Reviewer:

Activity Code: **2**

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **P / 12/10/2003** Reviewer: **sandsj**

Occupancy: Cart Inspection Date: Approved: yes **No**

Comments: 1-2-04

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: / Reviewer:

Comments:

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Ricky's Place
NAME

Date 12-11-03

274 N. Goodman ST.
ADDRESS

Rochester, NY 14607
CITY, STATE, ZIP

Inspection of the premises located at 274 N. Goodman ST reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

Business shall have a fire extinguisher 3A40BC fire extinguisher mounted NFPA 10

OK

Received by: [illegible]
NAME

TITLE

DATE

By Order of Fire Marshal

Fire Marshal James H. Sands

DATE OF COMPLIANCE 1-2-04

Fire Marshal [illegible]

Sands 12-16-03

FD 506

City of Rochester
FIRE DEPARTMENT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

PERMIT

DATE 09/16/03

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

CROCODILE ROCK CAFE
274 GOODMAN ST N

04-09067	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16A	OVEN OPERATION-INDUSTRIAL/COMMERCIA	$ 60

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

04-09067	PERMIT NUMBER
09/16/03	INVOICE DATE
10/16/03	DUE DATE
$ 60	AMOUNT DUE

Pd. 10/17/03 50

CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

shall be complied with, and said Permit will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/04

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

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Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

04-09067	PERMIT NUMBER
09/16/03	INVOICE DATE
10/16/03	DUE DATE
$ 60	AMOUNT DUE

CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
5/[illegible]/09	2:25		✓

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	✓			

LOCATION OF SYSTEM CYLINDERS: [illegible] cabinet on the left side of hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Pyro Chem	PCL-210	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
[illegible]	2.5 gallon	

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	5		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	1" ½

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1996	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: Mykonos Greek Cuisine

Address: [illegible]

City: Rochester, NY [illegible]

Telephone: 271-5510 Store No. ____

Owner or Manager: Stathis

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

15' Fryer	8 Burner Range	72" Charbroiler	

1. All appliances properly covered w/correct nozzles — Yes
2. Duct and plenum covered w/correct nozzles — Yes
3. Check positioning of all nozzles. — Yes
4. System installed in accordance w/MFG UL listing — Yes
5. Hood/duct penetrations sealed w/weld or UL device — Yes
6. Check if seals intact, evidence of tampering — Yes/No
7. If system has been discharged, report same — NA
8. Pressure gauge in proper range (If gauged) — Yes
9. Check cartridge weight (If applicable) — [illegible]
10. Hydrostatic test date — 1996
11. 6 year maintenance date — NO
12. Inspect cylinder and mount — Yes
13. Operate system from terminal link — [illegible]
14. Test for proper operation from remote — [illegible]
15. Check operation of micro switch — [illegible]
16. Check operation of gas valve — NO
17. Clean nozzles — Yes
18. Proper nozzle covers in place — Yes
19. Check fuse links and clean — NO
20. Replaced fuse links — Yes
21. Check travel of cable nuts/S-hooks — Yes
22. Piping & conduit securely bracketed — [illegible]
23. Proper separation between fryers & flame — Yes
24. Proper clearance-flame to filters — Yes
25. Exhaust fan in operating order — Yes
26. All filters replaced — NO
27. Fuel shut-off in on position — Yes
28. Manual & remote set/seals in place — Yes
29. Replace systems covers — NO
30. System operational & seals in place — [illegible]
31. Slave system operational — [illegible]
32. Clean cylinder & mount — [illegible]
33. Fan warning sign on hood — [illegible]
34. Personnel instructed in manual operation of system — [illegible]
35. Proper hand portable extinguishers — Yes
36. Portable extinguishers properly serviced — [illegible]
37. Service & Certification tag on system — [illegible]

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS: [illegible]

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X						
[signature]	6-2004	1996	3:00		X	[signature]
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2004

INSPECTION DATE: 8/18/04

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16	~~60~~	09067	OVEN OR KILN OPERATION INDUST/COMM

Tenant moved out

B120.

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: 8/18/04 20 ____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2003

INSPECTION DATE: 7/31/03

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16A	60	09066	OVEN OPERATION-INDUSTRIAL/COMMERCIA ✓ ok

3/1/03 ok

DATE VIOLATIONS ISSUED: _____ 20 ___ CORRECTED: _____ 20

DATE OF APPROVAL FOR PERMIT: 5/31/ 20 03 SIGNATURE: [signature]

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: 9/16 20 03 DATE EXPIRED: _____ 20 __

PERMIT NUMBER: 04-09067 FEE REQD: _____ _____

City of Rochester

FIRE DEPARTMENT PERMIT

FIRE SAFETY DIVISION
185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 07/25/03

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, process, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO

Permit Number: 04-05045

274 GOODMAN ST N

having made application in due from, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby give and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B18	ACETYLENE / FLAMMABLE GAS USAGE	$ 60

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO THE CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

PAID
JUL 29 2003

04-05045	PERMIT NUMBER
07/25/03	INVOICE DATE
08/25/03	DUE DATE
$ 60	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

Permit for Property at:
00274 GOODMAN ST N

able. Any change in the use or occupancy of premises shall require a new permit.

Fire Marshal

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO THE CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

04-05045	PERMIT NUMBER
07/25/03	INVOICE DATE
08/25/03	DUE DATE
$ 60	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

Permit for Property at:
00274 GOODMAN ST N

STERN
properties
274 N. Goodman St.
DEVELOPER • OWNER
Rochester, NY 14607

July 11, 2003

City of Rochester
Department of Law
City Hall – Room 400-A
30 Church Street
Rochester, New York 14614-1295

Attn: Amy Hartman Nichols, Municipal Attorney & Bob Gallup, Electrical Inspector

Enclosed are the monitoring reports you requested. As you will see no anomalies were found.

Sincerely,

Gary Stern

Gary Stern

GS/jn Copy At

FILE
JUL 24 2003
L. EISENHART

C: Linda S. Kingsley, Corporation Counsel
Linda M. Stango, Commissioner of Community Development
Jerome Telfair, Fire Marshall
Rick Hannon, Assistant to the Mayor
Torn Mann, Engineer-Mechanical
Bob Gallup, Electrical Inspector
Peter Saxe, Administrator for NET Area D

FILE

STERN
properties
DEVELOPER • OWNER
274 N. Goodman Street
Rochester NY 14607

ROCHESTER NY 146
PM
12 JUL
2003

ROCHESTER
JUL 11 '03
NY

.37
PB METER
5064840
U.S. POSTAGE

PLEASE INFORM CORRESPONDENTS
OF YOUR COMPLETE ADDRESS

FIRE DEPT.
SUITE 6A
185 EXCHANGE BLVD
ROCHESTER NY 14614

City of Rochester
City Hall
~~30 Church Street~~
Rochester, NY 14614

Attn: Jerome Telfair, Fire Marshall

14614+1236

City of Rochester

RECORDS ACCESS APPLICATION

~~DEJ~~ F.S
20860
7-8-03

(Please print or type)

Date: 7-8-03

Mailing Address: 274 N. Goodman St.
14607

Print Name: Stephanie Rizos

Representing: MYKANOS GREEK RESTAURANT

Telephone #: 271-5510

Signature: phone

I hereby apply to inspect ☐ and / or copy ☐ the following record(s):

Claim #

Why did City turn off power to entire Village Gate Square Bldg. on 7-7-03? (City ordered power turned off, not RG&E)

Return completed application to:
Records Access Officer
Bureau of Communications
City Hall, 30 Church Street, Room 202A
Rochester, New York 14614-1287
or FAX to: (585) 428-7069

There is a 25¢ per page charge for copying most records. For more information on public access to records, call (585) 428-6066.

FOR AGENCY USE ONLY

☐ Approved

☐ Partially Approved

☐ Denied

☐ Record not maintained by the City

Records Access Officer

Date

FOR APPEAL ONLY

If you wish to appeal the Record Access Officer's decision on your application for public access to records, sign below and send this form within 30 days to:

Corporation Counsel
City Hall, 30 Church Street, Room 400A
Rochester, New York 14614-1295

I hereby appeal:

Signature

Date

City of Rochester
Records Access Response

Communications Bureau, 30 Church St. RM 202A, Rochester, NY 14614

TO: Stephanie Rizos
Mykanos Greek Restaurant
274 North Goodman Street
Rochester, NY 14607

07/09/2003

RE: Your Records Access Request, **REFERENCE #:** ***20860***

Received by the City on 07/08/2003
Requesting information about:

why City ordered power turned off to entire Village Gate Square building on 7/7/03

STATUS:

As per Lt. Eisenhart of Fire Safety, on June 27, 2003 the power to the building was shut off in order to change an overloaded breaker. If you have any questions you may address them to Lt. Eisenhart at 428-3674.

No record of any incident was found for July 7, 2003.

Yours truly,

Bridgette Burch White

Bridgette Burch White
Records Access Officer

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

GARY STERN
NAME

Date 6-30-03

274 GOODMAN ST.
ADDRESS

ROCHESTER N.Y.
CITY, STATE, ZIP

Inspection of the premises located at 274 GOODMAN ST. BLDG A. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

ALL ELECTRICAL EQUIPMENT SHALL COMPLY WITH THE FIRE CODE OF NEW YORK, SECTION 110.1.2 UNSAFE EQUIPMENT, SECTION 605 ELECTRICAL HAZARDS.

Received by: _____ NAME _____ TITLE _____ DATE

By Order of
Fire Marshal

Fire Marshal Gary Isaacs

DATE OF COMPLIANCE _____

Fire Marshal _____

FD 506

CONDITIONAL AGREEMENT TO RESTORE TEMPORARILY ELECTRICAL POWER TO THE PREMISES LOCATED AT 274 N. GOODMAN STREET, BUILDING A.

June 30, 2003

Gary I and Marcia Stern Family Limited Partnership
Attention: Gary Stern, General Partner
274 N. Goodman Street
Rochester, New York 14607

Dear Mr. Stern:

The following constitutes a letter agreement containing minimum conditions under which the City of Rochester is willing to permit the electrical power to be temporarily restored to the premises located at 274 N. Goodman Street, Building A. The parties to this agreement are Gary I. and Maria Stern Family Limited Partnership, the owner of the subject premises and the City of Rochester.

As you know, the City of Rochester identified two hazardous problems at the subject premises on Friday June 27, 2003. The first, regarding the damaged disconnect breaker, which has been successfully replaced and repaired with a fusible disconnect. The second problem identified was downstream. As your electrical contractor has advised you, the only way to identify the source of the second problem, whether it be insufficient voltage, unbalanced load caused by the addition of numerous services, harmonic distortion, over heating, or some other problem, is to restore the electrical power and perform a series of tests. It is only after these tests are conducted can the City of Rochester determine: whether the electrical power can permanently be restored or what, if any, repairs must be taken before the electrical power can permanently be restored.

The electrical power will be temporarily restored to the premises located at 274 N. Goodman Street, Building A upon the following conditions:

1. The owner of the premises schedules and successfully completes the following tests from June 30, 2003 through and including July 6, 2003:

   a. a harmonic test to determine the phasing and loading of electrical power in Building A (harmonic distortions phase to phase of all three phases);

   b. full load amperage of each three phase loads; and

   c. voltage of each leg of the three phase loads.

2. The owner of the premises schedules and successfully completes the following tests as soon as reasonable possible but no later than on or before July 2, 2003:

   a. a load transformer test on the pad mount transformer; and
   b. thermal test of each and every connection and equipment.

3. At the conclusion of each test and the load calculation study, the owner shall immediately turn over to Bob Gallop, the City's Electrical Inspector, the results thereof.

4. Representatives from the Building Department and the Rochester Fire Department shall be present for all initial testing and the owner will provide a minimum of thirty (30) minutes notice prior to performing any of the above referenced tests and the owner consents thereto;

5. The owner consents to the electrical power being turned off if the results from any of the tests and/or the load calculation study identifies hazards, as solely determined by the City of Rochester, and further that the electrical power will not be restored until the City of Rochester is satisfied that the electrical system is in full compliance with all applicable state and local codes.

6. The owner applies for an electrical permit for the work performed by O'Connell Electric on June 27 and 28, 2003 and pays all fees associated with it including inspections fees pursuant to §39-210(I);

7. The owner arranges for a load calculation study of the entire building served by the service to be conducted by a licenced electrical engineer within 45 days of the date of this agreement.

8. The owner applies for any permits and pays all fees for any repairs made as a result of the testing prior to any work being performed.

If the owner violates any of the above referenced conditions, as solely determined by the City of Rochester, such failure will constitute a violation of §39-304 of the Code of the City of Rochester. The City of Rochester will be left with no alternative than to issue daily municipal code violations tickets. Subsequently, if the owner fails to comply with this agreement, the City of Rochester will be left with no alternative than to commence a special proceeding under Chapter 52 of the Code of the City of Rochester. The owner hereby agrees to pay all fees, including the City's attorney's fees, if such an enforcement special proceeding is necessary to secure compliance with this agreement.

removed, and any remaining visible components are labeled as not being in service.

107.2 Testing and operation. Equipment requiring periodic testing or operation to ensure maintenance shall be tested or operated as specified in this code.

107.2.1 Test and inspection records. Required test and inspection records shall be available at all times.

107.2.2 Reinspection and testing. Where any work or installation does not pass an initial test or inspection, the necessary corrections shall be made so as to achieve compliance with this code.

107.3 Reserved.

107.4 Rendering equipment inoperable. Portable or fixed fire-extinguishing systems or devices and fire-warning systems shall not be rendered inoperative or inaccessible except as necessary during emergencies, maintenance, repairs, alterations, drills or prescribed testing.

SECTION 108
VARIANCE PROCEDURES

108.1 Application for variance or appeal. A variance or appeal of any provision of this code shall be in accordance with the provisions of Title 19 NYCRR, titled "Variance Procedures," which is administered by the Secretary of State. No town, village, city, county or state agency charged with the administration and enforcement of this code may waive, modify or otherwise alter this code.

SECTION 109
VIOLATIONS

109.1 Unlawful acts. Violations of this code shall be dealt with in a manner appropriate to the applicable provisions of a city, town, village or county and shall be in accordance with the applicable provisions of local law.

Violations of this code on state property shall be dealt with in a manner appropriate to a state agency.

SECTION 110
UNSAFE STRUCTURES AND EQUIPMENT

110.1 General. When a structure or equipment is found to be unsafe or when a structure is found to be unfit for human occupancy, or is found unlawful, such structure shall be condemned pursuant to the provisions of this code.

110.1.1 Unsafe structures. An unsafe structure is one that is found to be dangerous to the life, health, property or safety of the public or the occupants of the structure by not providing minimum safeguards to protect or warn occupants in the event of fire, or because such structure contains unsafe equipment or is so damaged, decayed, dilapidated, structurally unsafe, or of such faulty construction or unstable foundation, that partial or complete collapse is possible.

110.1.2 Unsafe equipment. Unsafe equipment includes any boiler, heating equipment, elevator, moving stairway, electrical wiring or device, flammable liquid containers or other equipment on the premises or within the structure that is in such disrepair or condition that such equipment is a hazard to life, health, property or safety of the public or occupants of the premises or structure.

110.1.3 Structure unfit for human occupancy. A structure is unfit for human occupancy whenever such structure is unsafe, unlawful, or because of the degree to which the structure is in disrepair or lacks maintenance, or because the location of the structure constitutes a hazard to the occupants of the structure or to the public.

110.1.4 Unlawful structure. An unlawful structure is one found in whole or in part to be occupied by more persons than permitted under this code, or was erected, altered or occupied contrary to law.

110.2 Closing of vacant structures. If the structure is vacant and unfit for human habitation and occupancy, and is not in danger of structural collapse, a placard of condemnation shall be posted on the premises and the structure shall be closed up so as not to be an attractive nuisance.

110.3 Notice. Whenever a structure or equipment has been condemned under the provisions of this section, a notice shall be posted in a conspicuous place on or about the structure affected by such notice. If the notice pertains to equipment, it shall also be placed on the condemned equipment.

110.4 Prohibited occupancy. No person shall occupy a placarded premises or shall operate placarded equipment.

110.5 Removal of placard. The placard shall be removed whenever the defect or defects upon which the condemnation and placarding action were based have been eliminated.

SECTION 111
STOP WORK ORDER

111.1 Order. A city, town, village or county that is responsible for administration and enforcement of this code shall determine the criteria for the issuance of stop work orders in accordance with the applicable provisions of local law.

A state agency that is responsible for administration and enforcement of this code shall be in compliance with the applicable provisions of state agency regulations.

6/27/03 1500

CONWAY # 7817 RGE

274 N. GOODMAN ST
BOB GALLOP - CITY
FRANK FARRUGGIA = STERN'S
ELECT MAINTANCE - 274 GOOD

BRAKER RATE 600 AMS
LOAD = 700 480 TRIP

BRAKER TRIPED @ 6AM

BOB GREGORY RGE
STATES BRAKER HURT
HIGH VOLTAGE TEAM

WAY
OVERLOAD BRAKER
FATAGUED TRIP
ELECT PROBLEM DOWNSTREAM

CHRIS OBERMAN
O CONNEL ELECTRIC
17:30 TOO HOT

18:30 - HRS
260 B/C MAINTRANO

97° - 102° @ 18:30
167 CELSUS

2000 HRS ALL METERS
PULLED
REDUCED LOAD 100-150

6AM TRIP BRAKER
FRANK CALLED
BOB @ 11^00

GARY @ 12^00

OD @ 2^30

JOEL & AMY @ 4^30

OCONNAL ~~BOB~~ BRUCE

LOAD CAL. ELEC ENGINEER

UPGRADE SERVICE

AMP
VOLTAGE } REPORT'S
HARMONIC

METER READ ON PAD

PETE DALOS = RGE

City of Rochester

Rochester, NY
All-America City
1998

TDD/Voice 232-3260

Department of Law

City Hall Room 400-A
30 Church Street
Rochester, New York 14614-1295

Fax: (585) 428-6950
(Not for Service)

Amy Hartman Nichols, Municipal Attorney
(585) 428-6598

STATEMENT OF UNDERSTANDING REGARDING THE TEMPORARY RESTORATION OF ELECTRICAL POWER TO THE PREMISES LOCATED AT 274 N. GOODMAN STREET-BUILDING A

June 30, 2003

Gary I. and Marcia Stern Family Limited Partnership
Attention: Gary I. Stern, General Partner
274 N. Goodman Street
Rochester, New York 14607

Dear Mr. Stern:

The following constitutes a Statement of Understanding containing minimum conditions under which the City of Rochester is willing to permit the electrical power to be temporarily restored to the premises located at 274 N. Goodman Street, Building A.

As you know, the City of Rochester identified one hazardous problem and one potential hazardous problem at the subject premises on Friday, June 27, 2003. The hazardous problem was the damaged disconnect breaker, which has been successfully replaced and repaired with a fusible disconnect. The potential hazardous problem concerns the electrical operation downstream. As your electrical contractor has advised you, the only way to identify the source of the second problem, whether it be insufficient voltage, unbalanced load caused by the addition of numerous services, harmonic distortion, overheating, or some other problem, is to restore the electrical power and perform a series of tests. It is only after these tests are conducted can the City of Rochester determine: whether the electrical power can permanently be restored or what, if any, repairs must be taken before the electrical power can permanently be restored.

The electrical power will be temporarily restored to the premises located at 274 N. Goodman Street, Building A, upon the following conditions:

1. The owner of the premises schedules and successfully completes the following tests from June 30, 2003 through and including July 3, 2003:

a. a harmonic test to determine the phasing and loading of electrical power in Building A (harmonic distortions phase to phase of all three phases);

b. full load amperage of each three-phase loads; and

c. an assessment of the voltage of each leg of the three phase loads.

2. The owner of the premises schedules and successfully completes the following tests as soon as reasonably possible, but no later than July 2, 2003:

a. a load transformer test on the pad mount transformer; and

b. thermal tests of each and every connection and equipment conducted by a licensed master electrician.

3. At the conclusion of each test and the load calculation study, the owner shall immediately deliver to Bob Gallop, the City's Electrical Inspector, the results thereof.

4. Representatives from the Building Bureau and the Rochester Fire Department shall be present for all initial testing and the owner will provide a minimum of thirty (30) minutes notice prior to performing any of the above-referenced tests and the owner consents thereto.

5. The owner consents to the electrical power being turned off if the results from any of the tests and/or the load calculation study, and/or any inspections identify hazards, as solely determined by the City of Rochester, and further that the electrical power will not be restored until the City of Rochester is satisfied that the electrical system is in full compliance with all applicable state and local codes.

6. The owner applies for an electrical permit for the work performed by O'Connell Electric on June 27 and 28, 2003 and pays all fees associated with it including inspections fees pursuant to §39-210(I).

7. The owner arranges for a load calculation study of the entire building served by the service to be conducted by a licensed electrical engineer within 45 days of the date of this agreement. The study shall be immediately delivered to Bob Gallop, the Electrical Engineer at the Building Bureau, upon completion.

8. The owner applies for any permits and pays all fees for any repairs made as a result of the testing prior to any work being performed.

If the owner violates any of the above-referenced conditions, as solely determined by the City of Rochester, such failure will constitute a violation of §39-304 of the Code of the City of Rochester. The City of Rochester will be left with no alternative than to issue daily municipal code violations tickets. Subsequently, if the owner fails to comply with this agreement, the City of Rochester will be left with no alternative than to commence a special proceeding under Chapter 52 of the Code of the City of Rochester.

If you have any questions or would like to discuss the contents of this letter in further detail, please feel free to contact the undersigned.

AMY HARTMAN NICHOLS, ESQ.
MUNICIPAL ATTORNEY

CC: Linda S. Kingsley, Corporation Counsel
Linda M. Stango, Commissioner of Community Development
Jerome Telfair, Fire Marshall
Rick Hannon, Assistant to the Mayor
Tom Mann, Engineer-Mechanical
Bob Gallup, Electrical Inspector
Peter Saxe, Administrator for NET Area D

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

GARY STERN
NAME

Date 6-30-03

274 GOODMAN ST.
ADDRESS

ROCHESTER NY
CITY, STATE, ZIP

Inspection of the premises located at 274 GOODMAN ST, RIDGE A reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

ALL ELECTRICAL EQUIPMENT SHALL COMPLY WITH THE FIRE CODE OF NEW YORK, SECTION 110.1.2 UNSAFE EQUIPMENT, SECTION 605 ELECTRICAL HAZARDS.

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal [signature]

DATE OF COMPLIANCE _____

Fire Marshal _____

FD 506

RECEIVED
ROCHESTER FIRE DEPT.
03 JUN 30 PM 4:14

City of Rochester

Rochester, NY All-America City 1998

(585) 428-3686
(585) 428-6785 FAX

Rochester Fire & Rescue Department
185 Exchange Boulevard, Suite 665
Rochester, New York 14614-2277

MUNICIPAL CODE SECTION
54-12 (F)

Municipal code section 54-12(f) mandates a special charge for inspections or other services conducted on Saturdays, Sundays, Holidays, or other than regular working hours, Monday Friday from 7:30 a.m. until 5:30 p.m. The rate is fixed at forty dollars ($40.00) per hour, per person. A minimum of four (4) hours will be charged. Additional charges will accrue at the forty ($40.00) per hour rate for all time worked after the four (4) hour minimum

DATE: 6-27-03

LOCATION: 274 N. GOODMAN ST

EVENT/INSPECTION: FIRE SAFETY ELECTRICAL DETAIL

RESPONSIBLE PARTY: GARY STERN

COMPANY: STERN LIMITED PARTNERSHIP

ADDRESS: 274 N GOODMAN ST 14607

TELEPHONE _____ (fax) _____

8 hours times $40.00 per hour $ 320.00/100 AMOUNT DUE UPON RECEIPT

PLEASE MAKE CHECKS PAYABLE TO CITY OF ROCHESTER TREASURER

MAILING ADDRESS

Rochester Fire Department
Attn: B/C William Valentine
185 Exchange Blvd., Suite 665
Rochester, NY 14614

Gary Stern

removed, and any remaining visible components are labeled as not being in service.

107.2 Testing and operation. Equipment requiring periodic testing or operation to ensure maintenance shall be tested or operated as specified in this code.

107.2.1 Test and inspection records. Required test and inspection records shall be available at all times.

107.2.2 Reinspection and testing. Where any work or installation does not pass an initial test or inspection, the necessary corrections shall be made so as to achieve compliance with this code.

107.3 Reserved.

107.4 Rendering equipment inoperable. Portable or fixed fire-extinguishing systems or devices and fire-warning systems shall not be rendered inoperative or inaccessible except as necessary during emergencies, maintenance, repairs, alterations, drills or prescribed testing.

SECTION 108
VARIANCE PROCEDURES

108.1 Application for variance or appeal. A variance or appeal of any provision of this code shall be in accordance with the provisions of Title 19 NYCRR, titled "Variance Procedures," which is administered by the Secretary of State. No town, village, city, county or state agency charged with the administration and enforcement of this code may waive, modify or otherwise alter this code.

SECTION 109
VIOLATIONS

109.1 Unlawful acts. Violations of this code shall be dealt with in a manner appropriate to the applicable provisions of a city, town, village or county and shall be in accordance with the applicable provisions of local law.

Violations of this code on state property shall be dealt with in a manner appropriate to a state agency.

SECTION 110
UNSAFE STRUCTURES AND EQUIPMENT

110.1 General. When a structure or equipment is found to be unsafe or when a structure is found to be unfit for human occupancy, or is found unlawful, such structure shall be condemned pursuant to the provisions of this code.

110.1.1 Unsafe structures. An unsafe structure is one that is found to be dangerous to the life, health, property or safety of the public or the occupants of the structure by not providing minimum safeguards to protect or warn occupants in the event of fire, or because such structure contains unsafe equipment or is so damaged, decayed, dilapidated, structurally unsafe, or of such faulty construction or unstable foundation, that partial or complete collapse is possible.

110.1.2 Unsafe equipment. Unsafe equipment includes any boiler, heating equipment, elevator, moving stairway, electrical wiring or device, flammable liquid containers or other equipment on the premises or within the structure that is in such disrepair or condition that such equipment is a hazard to life, health, property or safety of the public or occupants of the premises or structure.

110.1.3 Structure unfit for human occupancy. A structure is unfit for human occupancy whenever such structure is unsafe, unlawful, or because of the degree to which the structure is in disrepair or lacks maintenance, or because the location of the structure constitutes a hazard to the occupants of the structure or to the public.

110.1.4 Unlawful structure. An unlawful structure is one found in whole or in part to be occupied by more persons than permitted under this code, or was erected, altered or occupied contrary to law.

110.2 Closing of vacant structures. If the structure is vacant and unfit for human habitation and occupancy, and is not in danger of structural collapse, a placard of condemnation shall be posted on the premises and the structure shall be closed up so as not to be an attractive nuisance.

110.3 Notice. Whenever a structure or equipment has been condemned under the provisions of this section, a notice shall be posted in a conspicuous place on or about the structure affected by such notice. If the notice pertains to equipment, it shall also be placed on the condemned equipment.

110.4 Prohibited occupancy. No person shall occupy a placarded premises or shall operate placarded equipment.

110.5 Removal of placard. The placard shall be removed whenever the defect or defects upon which the condemnation and placarding action were based have been eliminated.

SECTION 111
STOP WORK ORDER

111.1 Order. A city, town, village or county that is responsible for administration and enforcement of this code shall determine the criteria for the issuance of stop work orders in accordance with the applicable provisions of local law.

A state agency that is responsible for administration and enforcement of this code shall be in compliance with the applicable provisions of state agency regulations.

OFFICE COPY

JUN 30 2003

removed, and any remaining visible components are labeled as not being in service.

107.2 Testing and operation. Equipment requiring periodic testing or operation to ensure maintenance shall be tested or operated as specified in this code.

107.2.1 Test and inspection records. Required test and inspection records shall be available at all times.

107.2.2 Reinspection and testing. Where any work or installation does not pass an initial test or inspection, the necessary corrections shall be made so as to achieve compliance with this code.

107.3 Reserved.

107.4 Rendering equipment inoperable. Portable or fixed fire-extinguishing systems or devices and fire-warning systems shall not be rendered inoperative or inaccessible except as necessary during emergencies, maintenance, repairs, alterations, drills or prescribed testing.

SECTION 108
VARIANCE PROCEDURES

108.1 Application for variance or appeal. A variance or appeal of any provision of this code shall be in accordance with the provisions of Title 19 NYCRR, titled "Variance Procedures," which is administered by the Secretary of State. No town, village, city, county or state agency charged with the administration and enforcement of this code may waive, modify or otherwise alter this code.

SECTION 109
VIOLATIONS

109.1 Unlawful acts. Violations of this code shall be dealt with in a manner appropriate to the applicable provisions of a city, town, village or county and shall be in accordance with the applicable provisions of local law.

Violations of this code on state property shall be dealt with in a manner appropriate to a state agency.

SECTION 110
UNSAFE STRUCTURES AND EQUIPMENT

110.1 General. When a structure or equipment is found to be unsafe or when a structure is found to be unfit for human occupancy, or is found unlawful, such structure shall be condemned pursuant to the provisions of this code.

110.1.1 Unsafe structures. An unsafe structure is one that is found to be dangerous to the life, health, property or safety of the public or the occupants of the structure by not providing minimum safeguards to protect or warn occupants in the event of fire, or because such structure contains unsafe equipment or is so damaged, decayed, dilapidated, structurally unsafe, or of such faulty construction or unstable foundation, that partial or complete collapse is possible.

110.1.2 Unsafe equipment. Unsafe equipment includes any boiler, heating equipment, elevator, moving stairway, electrical wiring or device, flammable liquid containers or other equipment on the premises or within the structure that is in such disrepair or condition that such equipment is a hazard to life, health, property or safety of the public or occupants of the premises or structure.

110.1.3 Structure unfit for human occupancy. A structure is unfit for human occupancy whenever such structure is unsafe, unlawful, or because of the degree to which the structure is in disrepair or lacks maintenance, or because the location of the structure constitutes a hazard to the occupants of the structure or to the public.

110.1.4 Unlawful structure. An unlawful structure is one found in whole or in part to be occupied by more persons than permitted under this code, or was erected, altered or occupied contrary to law.

110.2 Closing of vacant structures. If the structure is vacant and unfit for human habitation and occupancy, and is not in danger of structural collapse, a placard of condemnation shall be posted on the premises and the structure shall be closed up so as not to be an attractive nuisance.

110.3 Notice. Whenever a structure or equipment has been condemned under the provisions of this section, a notice shall be posted in a conspicuous place on or about the structure affected by such notice. If the notice pertains to equipment, it shall also be placed on the condemned equipment.

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A state agency that is responsible for administration and enforcement of this code shall be in compliance with the applicable provisions of state agency regulations.

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM

Incident#: 031441 | Box#: | Node#: 3304 | Address Number: 274 | Street: GOODMAN | Type: ST | Dir: W

Date Mo: 06 | Da: 27 | Yr: 03 | Day of Week: 6 | Weather Cond: 2 | Temp: 4 | Alarm Type: 4 | Gov't Bldg: | Apt. Number:

TIMES

FIRST ALARM

Time of Alarm: 17:52 | On location Engine: 17:52 | On location Quint/Midi: : | On location B/C: : | Under Control: : | In service: 2030

EXTRA UNITS

Time of Alarm: 18:21 | On location Engine: : | On location Quint/Midi: : | Time of Alarm: : | On location Engine: : | On location Quint/Midi: :

SECOND ALARM

Time of Alarm: : | On location Engine: : | On location Quint/Midi: : | On location Ambulance: :

RESPONSE

FIRST ALARM

UNIT	W/R
C58	W

EXTRA UNITS SENT

UNIT	W/R
C51	W
C50	W
BC3	W
R11	R

MULTIPLE ALARM

DESCRIPTION OF FIRE

INC TYPE: 44 | Type Const: | Stories: | Specific Property Use: | Mobile Prop Type: | Area of Org.: | Equip Involved: | Form of Heat Ign: | Form Mat'l: | Type Mat'l: | Ign Factor: | Working Fire: | Struc Dmg:

Year: | Make: | Model: | Vin Number:

NO Fire Extended to: ELECTRICAL ARCING / SHORTED EQUIPMENT | Ext of Flame Dmg:

OWNER/OCCUPANT

OWNER FIRST NAME: CHARLES | OWNER LAST NAME: STERN

OWNER ADDRESS NUMBER: 274 | STREET: GOODMAN | Type: ST | Dir: W | CITY: ROCHESTER | STATE: NY | ZIP: 14607

OCCUPANT FIRST NAME: VILLAGE | OCCUPANT LAST NAME: GATE

COMBAT

NUMBER USED: 1 3/4" | 2" | 3" | MS | OXY | PORT ABLE | FOAM | SPKLR | STAND PIPE | HYD PRESS | HYD COND | SMOKE DET | ENTRY

AFTERMATH

DOLLAR LOSS OF PROPERTY: | NUMBER OF RESCUES: | INJURED CIV: FF: | DEAD CIV: FF:

REFERRED TO: [X] FIRE SAFETY [ ] FIRE INVESTIGATION [ ] HAZ MAT

REMARKS: FIRE SAFETY DETAIL - STAND BY

OFFICE COPY

RANK: LT | INT: O EISENHART | GRP CPY: FSA | BATT: | SIGNE: O. Eisenhart

RFD 101 REV 3/2000

RECEIVED
ROCHESTER FIRE DEPT.
03 JUN 30 PM 4:14

City of Rochester

Rochester, NY All-American City 1998

(585) 428-3686
(585) 428-6785 FAX

Rochester Fire & Rescue Department
185 Exchange Boulevard, Suite 665
Rochester, New York 14614-2277

MUNICIPAL CODE SECTION
54-12 (F)

Municipal code section 54-12(f) mandates a special charge for inspections or other services conducted on Saturdays, Sundays, Holidays, or other than regular working hours, Monday - Friday from 7:30 a.m. until 5:30 p.m. The rate is fixed at forty dollars ($40.00) per hour, per person. A minimum of four (4) hours will be charged. Additional charges will accrue at the forty ($40.00) per hour rate for all time worked after the four (4) hour minimum

DATE: 6-27-03

LOCATION: 274 N. GOODMAN ST

EVENT/INSPECTION: FIRE SAFETY ELECTRICAL DETAIL

RESPONSIBLE PARTY: GARY STERN

COMPANY STERN LIMITED PARTNERSHIP

ADDRESS 274 N. GOODMAN ST 14607

TELEPHONE _____ (fax) _____

8 hours times $40.00 per hour $ 320.00/100 AMOUNT DUE UPON RECEIPT

PLEASE MAKE CHECKS PAYABLE TO CITY OF ROCHESTER TREASURER

MAILING ADDRESS

Rochester Fire Department
Attn: B/C William Valentine
185 Exchange Blvd., Suite 665
Rochester, NY 14614

Gary Stern

RECEIVED
ROCHESTER FIRE DEPT.
03 JUN 30 PM 4:14

City of Rochester

Rochester, NY All-America City 1998

(585) 428-3686
(585) 428-6785 FAX

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DATE: 6-27-03

LOCATION: 274 N. GOODMAN ST

EVENT/INSPECTION: FIRE SAFETY ELECTRICAL DETAIL

RESPONSIBLE PARTY: GARY STERN

COMPANY: STERN LIMITED PARTNERSHIP

ADDRESS: 274 N GOODMAN ST 14607

TELEPHONE _____ (fax) _____

8 hours times $40.00 per hour $ 320 00/100 AMOUNT DUE UPON RECEIPT

PLEASE MAKE CHECKS PAYABLE TO CITY OF ROCHESTER TREASURER

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Rochester Fire Department
Attn: B/C William Valentine
185 Exchange Blvd., Suite 665
Rochester, NY 14614

Gary Stern

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM

Incident#: 031441 | Box#: | Node#: 3304 | Address Number: 274 | Street: GOODMAN | Type: ST | Dir: N

Date Mo: 06 | Da: 27 | Yr: 03 | Day of Week: 6 | Weather Cond: 2 | Temp: 4 | Alarm Type: 4 | Gov't Bldg: | Apt. Number:

TIMES

FIRST ALARM

Time of Alarm: 17:52 | On location Engine: 17:52 | On location Quint/Midi: | On location B/C: | Under Control: | In service: 2030

EXTRA UNITS

Time of Alarm: 18:21 | On location Engine: | On location Quint/Midi: | Time of Alarm: | On location Engine: | On location Quint/Midi:

SECOND ALARM

Time of Alarm: | On location Engine: | On location Quint/Midi: | On location Ambulance:

RESPONSE

FIRST ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
C58	W														

EXTRA UNITS SENT

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
C51	W	C50	W	BC3	W	R11	R								

MULTIPLE ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

DESCRIPTION OF FIRE

INC TYPE: 44 | Type Const: | Stories: | Specific Property Use: | Mobile Prop Type: | Area of Org.: | Equip Involved: | Form of Heat Ign: | Form Mat'l: | Type Mat'l: | Ign Factor: | Working Fire: | Struc Dmg:

Year: | Make: | Model: | Vin Number:

NO

Fire Extended to: ELECTRICAL ARCING / SHORTED EQUIPMENT

Ext of Flame Dmg:

OWNER/OCCUPANT

OWNER FIRST NAME: CHARLES | OWNER LAST NAME: STERN

OWNER ADDRESS NUMBER: 274 | STREET: GOODMAN | Type: ST | Dir: N | CITY: ROCHESTER | STATE: NY | ZIP: 14607

OCCUPANT FIRST NAME: VILLAGE | OCCUPANT LAST NAME: GATE

COMBAT

NUMBER USED 1 3/4"	2"	3"	MS	OXY	PORT ABLE	FOAM	SPKLR	STAND PIPE	HYD PRESS	HYD COND	SMOKE DET	ENTRY

AFTERMATH

DOLLAR LOSS OF PROPERTY: | NUMBER OF RESCUES: | INJURED CIV: FF: | DEAD CIV: FF:

REFERRED TO: [X] FIRE SAFETY [ ] FIRE INVESTIGATION [ ] HAZ MAT

REMARKS: FIRE SAFETY DETAIL - STAND BY

RANK: LT | INT: O | EISENHART | GRP CPY: FSA | BATT: | SIGNED: D.D. Eisenhart

RFD 101 REV 3/2000

Time: 08:47, Tuesday, July 01, 2003

07/01/03 08:44:49 TO RFDPLP FROM FD04:

Incident History for: #CTYF031782355
Case Numbers: $CTYF03014411

Entered	06/27/03	17:52:09	BY FD05	7374
Dispatched	06/27/03	17:52:13	BY FD05	7374
Enroute	06/27/03	17:52:13		
Onscene	06/27/03	18:25:55		
Closed	06/27/03	19:09:58		

Initial Type: FIREB Final Type: FIREB (FIRE RESPONSE / READ REMARKS)
Initial Priority: 2P Final Priority: 2P
Initial Alarm Level: 1 Final Alarm Level: 1
Disposition: Source: 9 Primary Unit: CAR51
Police BLK: 095070 Fire BLK: 001510 EMS BLK: 048003
Group: CI3 Beat: 104 Wrecker Zone: Map Page: 1200 Node: 33014
Loc: 274 N GOODMAN ST ,ROC -- VILLAGE GATE SQ btwn ANDERSON AV & COLLEGE AV (V)

Loc Info: IN THE REAR Phone1:
Name: CAR51 Addr: Phone2:

/1752	(7374)	ENTRY		RGE INSIDE ELECTRIC CREW TO CUT SOME METERS
/1752		DISPER	CAR51	
/1752		$ASNCAS	CAR51	$CTYF03014411
/1752		CLEAR	CAR51	
/1752		CLOSE	CAR51	
/1752		MISC		,RGE ON THE WAY
/1801		MISC		,ETA FOR RGE IS 20-30 MIN
/1821		REOPEN		,NO MORE INFORMATION
/1821		DISP	R11	
/1821		ENROUT	R11	
/1824		ASST	CAR51	[274 N GOODMAN ST ,ROC]
/1825		CLEAR	CAR51	
/1825		ASST	CAR51	[274 N GOODMAN ST ,ROC]
/1825		ONSCNE	CAR51	,NOT ACTUAL OS TIME - JOB RO AT TIME OF THE REQ FOR THERMAL IMG CAMERA
/1830		CLEAR	R11	
/1830		ASST	B3	[274 N GOODMAN ST ,ROC]
/1830		ONSCNE	B3	,WITH HEAT GUN
/1854		CLEAR	B3	
/1909		CLEAR	CAR51	
/1909		CLOSE	CAR51	

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. Goodman St.

DATE RECEIVED IN FIRE SAFETY: / DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
6/10/03									✓	JS.

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

Salerno
NAME

Date ~~[illegible]~~ 5-13-03

274 N. Goodman St.
ADDRESS

Rochester, NY 14607
CITY, STATE, ZIP

Inspection of the premises located at 274 N. Goodman St. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1) Kitchen hood suppression system shall have current inspection tag - last done 10/2002

Received by: X Albert De Bleeka
NAME

TITLE

DATE

By Order of Fire Marshal

Fire Marshal

DATE OF COMPLIANCE 6-10-02

Fire Marshal

Lweeks

FD 506

Lakeshore Fire Protection, Inc.
Fire Protection Specialists
845-A Maple Street
Rochester, New York 14611
585-529-3850
FAX 529-3585

5729

Customer
SALENAS
275 N. GOODMAN ST
ROCH

Service Date 10/09/02
VOID 6 MONTHS FROM ABOVE DATE

SEMI-ANNUAL MAINTENANCE OF AUTOMATIC FIRE SUPPRESSION SYSTEM

SYSTEM MANUFACTURER (✓) Pyro Chem ( ) Protex ( ) Ansul ( ) Range Guard ( ) Kidde
MODEL RC275 CYLINDER SIZE 2-75 GAL NO. CYLINDERS 1
HYDROTEST DATE 11/90 DATE PREVIOUS SERVICE ____ GAUGE PSI 175
PILOT CARTRIDGE ( ) Replaced (✓) Checked ( ) N.A. Date Replaced ___/___/___
NO. OF NOZZLES Plenum 2 Duct 2 Surface 4
NO. OF FUSIBLE LINKS 360° ____ 500° ____ Replaced ( ) Yes (x) No
REMOTE MANUAL PULL ( ) None installed ( ) None required (✓) Accessible ( ) Non accessible
NOZZLE CAPS (✓) OK Number missing ____ Number replaced ____
NOZZLES CONDITION (✓) Good ( ) Fair ( ) Poor ( ) Cleaned
CYLINDER ACCESSIBILITY (✓) Accessible ( ) Non-accessible
FUEL SHUT OFF-GAS (✓) Operational ( ) Non-operational ( ) Not required ( ) None installed
FUEL SHUT OFF-ELECTRIC ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
FIRE ALARM TIE-IN ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
HOOD CONDITION (✓) Clean ( ) Greasy
FILTER CONDITION ( ) Clean (✓) Greasy LIGHT
DUCT CONDITION ( ) Clean (✓) Greasy LIGHT

THIS FIRE SUPPRESSION SYSTEM MEETS CURRENT N.F.P.A. 96 REQUIREMENTS FOR FULL SURFACE PROTECTION AND FUEL SHUT OFF (✓) Yes ( ) No

SYSTEM DEFICIENCIES SYSTEM TANK IS DUE FOR HYDROTESTING THIS YEAR

PORTABLE EXTINGUISHERS ( ) 40BC Rated Sodium Bicarb or Potassium Bicarb ( ) Yes ( ) No For Dry Chemical Systems
(✓) K-Type ( ) Yes ( ) No For Wet Chemical Systems

PORTABLE EXTS ( ) Inspect Qty. ____ # FOR RECHARGE ____ DATE ____

ANY review, recommendation, or inspection made by this company relates solely to fire insurance rating consideration. No representation or warranties of any kind are intended or made.

I, the undersigned, hereby agree that in the event of default of payment of the amount due for this inspection and if this account is placed into the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agencies and attorneys fees and court costs incurred and commanded by law governing these actions in the state of New York.

TERMS: Cash or check only, (unless prior credit approval has been made with our office) A service and handling charge of 2% per month ($2.00 minimum) will be added on all invoices over 30 days (annual rate of 24%).

AUTHORIZED BY x ____ TITLE ____

SERVICED BY ____

Lakeshore Fire Protection, Inc.
Fire Protection Specialists
845-A Maple Street
Rochester, New York 14611
585-529-3850
FAX 529-3585

006233

Customer
SALENAS
1 VILLAGE GATE 274 GOODMAN ST
ROCH

Service Date 6/03/03
VOID 6 MONTHS FROM ABOVE DATE

SEMI-ANNUAL MAINTENANCE OF AUTOMATIC FIRE SUPPRESSION SYSTEM

SYSTEM MANUFACTURER (✓) Pyro Chem ( ) Protex ( ) Ansul ( ) Range Guard ( ) Kidde
MODEL PCL275 CYLINDER SIZE 2.75GAL NO. CYLINDERS 1
HYDROTEST DATE 11/02 DATE PREVIOUS SERVICE 10/02 GAUGE PSI 175
PILOT CARTRIDGE ( ) Replaced (✓) Checked ( ) N.A. Date Replaced ___/___/___
NO. OF NOZZLES Plenum 2 Duct 2 Surface 4
NO. OF FUSIBLE LINKS 1-430 360° ___ 500° ___ Replaced (✓) Yes ( ) No
REMOTE MANUAL PULL ( ) None installed ( ) None required (✓) Accessible ( ) Non accessible
NOZZLE CAPS (✓) OK Number missing ___ Number replaced ___
NOZZLES CONDITION (✓) Good ( ) Fair ( ) Poor ( ) Cleaned
CYLINDER ACCESSIBILITY (✓) Accessible ( ) Non-accessible
FUEL SHUT OFF-GAS (✓) Operational ( ) Non-operational ( ) Not required ( ) None installed
FUEL SHUT OFF-ELECTRIC ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
FIRE ALARM TIE-IN ( ) Operational ( ) Non-operational ( ) Not required (✓) None installed
HOOD CONDITION (✓) Clean ( ) Greasy
FILTER CONDITION (✓) Clean ( ) Greasy
DUCT CONDITION (✓) Clean ( ) Greasy

THIS FIRE SUPPRESSION SYSTEM MEETS CURRENT N.F.P.A. 96 REQUIREMENTS FOR FULL SURFACE PROTECTION AND FUEL SHUT OFF (✓) Yes ( ) No

SYSTEM DEFICIENCIES ___

PORTABLE EXTINGUISHERS ( ) 40BC Rated Sodium Bicarb or Potassium Bicarb ( ) Yes ( ) No For Dry Chemical Systems
(✓) K-Type (✓) Yes ( ) No For Wet Chemical Systems

PORTABLE EXTS. (✓) Inspect Qty. 3 # FOR RECHARGE ___ DATE 6/3

ANY review, recommendation, or inspection made by this company relates solely to fire insurance rating consideration. No representation or warranties of any kind are intended or made.

I, the undersigned, hereby agree that in the event of default of payment of the amount due for this inspection and if this account is placed into the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agencies and attorneys fees and court costs incurred and commanded by law governing these actions in the state of New York.

TERMS: Cash or check only, (unless prior credit approval has been made with our office). A service and handling charge of 2% per month ($2.00 minimum) will be added on all invoices over 30 days (annual rate of 24%).

AUTHORIZED BY X Albert De Bleck TITLE Owner

SERVICED BY [signature]

FD570

R

FIRE SAFETY INSPECTION RECORD

[redacted] LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION 274 Goodman St. N.

DATE RECEIVED IN FIRE SAFETY: MAR 20 2003

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPEC
5/6/03			X					1 Insp/1 Per/3 Vio's		ED
/03							X	1 Re/4 Cow	X	ED

Owner's Name

Home Addresss & Zip

Home Phone #

Y	N		
☒	☐	SPRINKLER SYSTEM	REPORT - YES NO
☐	☒	COOKING HOOD SYSTEM	DATE
☒	☐	FIRE ALARM SYSTEM	PERMIT #
☐	☒	STANDPIPE SYSTEM	REPORT - YES NO
☐	☒	COOKING SYSTEM	
☐	☒	BARS/WIRE ON WINDOWS	

INSPECTION REPORT PERMIT MONTH: MAY 2003

INSPECTION DATE: 5/6/03

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN ST
ROCHESTER NY 14607

176 ANDERSON AVE

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: 4429061 APPOINTMENT: (Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	60	05043	ACETYLENE/FLAMMABLE GAS USAGE

1 - F/EXTUKS
2 - SPKR/ALARM REPORT

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: _____ 20 ____ SIGNATURE: EJ

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

Rochester Fire ~~& Rescue~~ Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

STERN REALTY & MANG.
NAME

Date 5/6/03

274 N. GOODMAN ST.
ADDRESS

R, NY 14607
CITY, STATE, ZIP

Inspection of the premises located at WEARHOUSE / BEHIND 174 ANDERSON AVE reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

THE WEARHOUS SHALL HAVE (2) UPDATED FIRE EXTINGUISHERS AT THE WELDING AREA ✓ ✓

THE SPRINKLER AND ALARM REPORTS FOR THE ENTIRE COMPLEX SHALL BE GIVEN TO THE F.D. ✓ ✓

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal ED FERRANTE

DATE OF COMPLIANCE 03

Fire Marshal [signature]

FD 506

R

FIRE SAFETY INSPECTION RECORD

☐ LICENSE
[redacted] PERMIT

☒ EAST
☐ WEST
☐ SPECIAL

LOCATION: 274 Goodman St. N

Person contacted:

Telephone #:

DATE RECEIVED IN FIRE SAFETY: MAR 11 2003

OK'ED 4/17/03

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
5/6/03			X					1 Insp/3 Per/3 Vios		ED
/03						X		1 Re/3 Com	X	ED

Y	N	
X	☒	SPRINKLER SYSTEM
☐	X	COOKING HOOD SYSTEM
X	☒	FIRE ALARM SYSTEM
☐	X	STANDPIPE SYSTEM
☐	X	COOKING SYSTEM
☐	X	BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION

FIRE MARSHAL

INSPECTION REPORT PERMIT MONTH: APRIL 2003

INSPECTION DATE: 5/6/03

LOCATION: 274 GOODMAN ST N 02 OWNER: ~~MONROE REPROGRAPHICS INC~~ Evolution Impressions
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: TOM GRUBER PHONE NO: 4736600 APPOINTMENT: (Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10C	60	04053	FLAM/COMB LQD CLS I,II,III ✓
5412B17	80		CMBSTBL MAT'L STRGE-OVER 2500 CU FT ✓
5412B12C	60		CORROSIVE LIQUIDS - OVER 55 GAL ✓

1- (Elec Rm - Clean Cut)
2- Metal Cab/Sign

DATE VIOLATIONS ISSUED: 5/6/ 20 03 CORRECTED: [signature] 20 ___

DATE OF APPROVAL FOR PERMIT: _____ 20 ___ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ___ DATE EXPIRED: _____ 20 ___

PERMIT NUMBER: _____ FEE REQD: _____ _____

Rochester Fire ~~& Rescue~~ Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

EVOLUTION IMPRESSIONS
NAME

Date 5/6/03

274 N. GOODMAN ST.
ADDRESS

R, NY 14607
CITY, STATE, ZIP

Inspection of the premises located at - SAME - reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

THE MAIN ELECTRICAL RM SHALL BE CLEANED OUT AND HAVE CLEAR ACCESS TO ALL UTILITIES ✓

THE PRINTING AREA SHALL HAVE A METAL CABINET WITH A FLAMM SIGN FOR STORAGE OF ALL FLAMM LIQUIDS WHEN NOT IN USE ✓✓

Received by: _____ NAME _____ TITLE _____ DATE

By Order of
Fire Marshal

Fire Marshal ED FERRANTE

DATE OF COMPLIANCE _____

Fire Marshal [signature]

FD 506

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

DATE 04/22/03

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

MONROE REPROGRAPHICS INC
274 GOODMAN ST N

04-04050	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	$ 60
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 80
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	$ 60

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

04-04050	PERMIT NUMBER
04/22/03	INVOICE DATE
05/24/03	DUE DATE
$ 200	AMOUNT DUE

PAID
JUN 4 2003

Evolution Impressions Inc
~~MONROE REPROGRAPHICS INC~~
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

04-04050	PERMIT NUMBER
04/22/03	INVOICE DATE
05/24/03	DUE DATE
$ 200	AMOUNT DUE

MONROE REPROGRAPHICS INC
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

Entertainment Center Certificate of Use A1.

FIRE SAFETY INSPECTION RECORD #84

☒ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 Goodman St N.

Person contacted: Telephone #:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	Lakeside fire ok-syst ok-part 2/03 NOTES	OK TO FILE	INSPECTOR
3/3/03								4 vio yard		AR
3/12/03								4 con	X	AR

APPROVED

HWH cover in 1403.3
combust clear to Furn ~~315.2.3~~ 603.3
Fire door ~~closed~~ maint. 703.2.
Loose Elect cover 605.1

APPROVED

CLS1080

Date Printed: February 28, 2003

City of Rochester
City Code License - Entertainment Center
For Application#: 84

Current Status/Date: **02/24/2003 V - Wait CZC**

Applic. Date: **02/24/2003** Issue Date: Start Date: **02/01/2003** Expiration Date: **01/31/2004**

General Comments:

License Fee: **$375.00** ***** RENEWAL LICENSE ***** Last Chgd: **02/28/2003 lild**

Applicant: **STEFFIE RIZOS** Residence: **24 ridgecrest rd**

DOB: **06/12/1965** Home Phone: **(585) 720-9294** City, State, Zip: **rochester new york 14626**

Business Name: **Mykonos Greek Cuisine** Business Phone **(585) 271-5510**

Business Name:

Activity: **restaurant**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **02/24/2003** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **P** / **02/26/2003** Reviewer: **mcnamark**

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **02/28/2003** Reviewer: **richarda**

Occupancy: **0** Cart Inspection Date: Approved: **No**

Comments: 200 occ AR 3/12/03

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **02/24/2003** Reviewer:

Comments:

From: Fire Safety Division, Fire Department

City of Rochester, N.Y.

To: Mr Ed Ribson
☒ BUILDING BUREAU
☐ HEALTH DEPT.
☐ ELECTRICITY DIV.
☐ PLUMBING DIV.
☐ PROPERTY CONSV.
☐ .....

The following condition has been brought to our attention and is referred to your Department for investigation and disposition. A report of your findings is requested.

Building Location 274 N. Goodman ST. Date 1-10-86

Name of Owner or Occupant The Village Gate Gary Stern

Address Same Occupied as Theater

Nature of complaint Theater has moved off The 3rd Floor down To The First Floor No C of O For This Location - C/O DOES EXIST FOR CEIL Occupancy - OK FOR THEATER SMM.

Sprinklers For This Area Shut OFF

By: ..... Co. .....
COMPLAINANT

Capt. J. E. Glanton
FIRE SAFETY INSPECTOR

FD 504

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

Al. Richards
428-3685

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Mykonos Greek Cuisine
NAME

Date 3/4/03

274 N. Goodman St.
ADDRESS

Rochester, N.Y 14607
CITY, STATE, ZIP

Inspection of the premises located at Above. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

NYS F.C. ✓ on ord.

1403.3 - Cover missing on hot water heater. (Utility Rm)

603.3 - Combustibles to close to furnace unit (utility Rm) ✓

703.2 - Fire door shall maintain closed. (utility Rm)

605.1 - loose electrical box cover. tighten ✓

* call inspector when corrected for re-inspect

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal ALBERT P. Richards [signature]

DATE OF COMPLIANCE 3/12/03

Fire Marshal [signature]

FD 506

FIRE SAFETY INSPECTION RECORD

☒ LICENSE ☐ PERMIT

2ND

☐ EAST ☐ WEST ☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted:

Telephone #:

DATE RECEIVED IN FIRE SAFETY: JAN 21 2003 DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
								Michele 442-0042 11:30A - 6p.		
2/13/03	12N							OK	X	AL

APPROVED

Y N

☐ ☑ SPRINKLER SYSTEM

☐ ☑ COOKING HOOD SYSTEM

☐ ☑ FIRE ALARM SYSTEM

☐ ☑ STANDPIPE SYSTEM

☐ ☑ COOKING SYSTEM

☐ ☑ BARS/WIRE ON WINDOWS

APPROVED

FIRE SAFETY DIVISION

Al Richards

FIRE MARSHAL

303
304

403
408
409

CLS1080

Date Printed: January 21, 2003

City of Rochester

City Code License - Second Hand Dealer, Chpt 96

For Application#: 105

Current Status/Date: **01/21/2003 P - Pending**

Applic. Date: **01/21/2003** Issue Date: Start Date: **01/01/2003** Expiration Date: **12/31/2003**

General Comments:

License Fee: **$150.00** ***** RENEWAL LICENSE ***** Last Chgd: **01/21/2003 eisenhao**

Applicant: **Ricky Sands** Residence: **195 Wimbledon Rd**

DOB: **06/20/1934** Home Phone: **(585) 544-0009** City, State, Zip: **Rochester, NY 14617**

Business Name: **Ricky's Place** Business Phone **(585) 442-0042**

Business Name:

Activity: **new & secondhand jewelry and clothes**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **No**

Zoning Approval CZC#: **1010108** Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **01/21/2003** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W** / **01/21/2003** Reviewer:

Activity Code: **2**

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **P** / **01/21/2003** Reviewer: **richarda**

Occupancy: Cart Inspection Date: Approved: **No**

Comments:

2/13/03

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: / Reviewer:

Comments:

Croc. rock cafe Q/m-4

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
[redacted] PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST.

Person contacted:

Telephone #:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
7/31/03								ph - to permit		AR
								3 wo 3 and		
8/20/03						3		3 com	X	AR

Y N

☑ ☐ SPRINKLER SYSTEM
☐ ☑ COOKING HOOD SYSTEM
☐ ☑ FIRE ALARM SYSTEM
☐ ☑ STANDPIPE SYSTEM
☐ ☑ COOKING SYSTEM
☐ ☑ BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION
AL Richards
FIRE MARSHAL

(1) Port FX discha
open elect Box-cover
elect wiring splice

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2003

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16A	60	09066	OVEN OPERATION-INDUSTRIAL/COMMERCIA

DATE VIOLATIONS ISSUED: _____ 20 ___ CORRECTED: _____ 20 ___

DATE OF APPROVAL FOR PERMIT: 7/21 20 03 SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

Insp Al Richards
428-3685

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Crocodile Rock Cafe
NAME

Date 8/5/03

274 N. Goodman St
ADDRESS

Rochester, N.Y 14607
CITY, STATE, ZIP

Inspection of the premises located at Above. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

NYS. F.C. 605.1 - open electrical junction box - re-cover (Kitchen)
- Electrical wiring splice replace (Kitchen)

906. (1) portable fire extinguisher discharged (counter)

8/03
Roch Fire
546-6765

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

DATE OF COMPLIANCE 8/28/03

Fire Marshal ALBERT P. Richards

Fire Marshal

FD 506

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
2/26/03	2:15		X

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION

LOCATION OF SYSTEM CYLINDERS: [illegible] side of hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
[illegible]	[illegible]	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
[illegible]		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	3		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	1/2"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	1997	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name [illegible]

Address [illegible]

City [illegible]

Telephone [illegible] Store No. _____

Owner or Manager [illegible]

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

[illegible]	[illegible]	[illegible]	

1. All appliances properly covered w/correct nozzles ___
2. Duct and plenum covered w/correct nozzles ___
3. Check positioning of all nozzles. ___
4. System installed in accordance w/MFG UL listing ___
5. Hood/duct penetrations sealed w/weld or UL device ___
6. Check if seals intact, ~~evidence of tampering~~ ___
7. If system has been discharged, report same ___
8. Pressure gauge in proper range (If gauged) ___
9. Check cartridge weight (If applicable) ___
10. Hydrostatic test date ___
11. 6 year maintenance date ___
12. Inspect cylinder and mount ___
13. Operate system from terminal link ___
14. Test for proper operation from remote ___
15. Check operation of micro switch ___
16. Check operation of gas valve ___
17. Clean nozzles ___
18. Proper nozzle covers in place ___
19. Check fuse links and clean ___
20. Replaced fuse links [illegible] No
21. Check travel of cable nuts/S-hooks ___
22. Piping & conduit securely bracketed ___
23. Proper separation between fryers & flame ___
24. Proper clearance-flame to filters ___
25. Exhaust fan in operating order ___
26. All filters replaced ___
27. Fuel shut-off in on position ___
28. Manual & remote set/seals in place ___
29. Replace systems covers ___
30. System operational & seals in place ___
31. Slave system operational ___
32. Clean cylinder & mount ___
33. Fan warning sign on hood ___
34. Personnel instructed in manual operation of system ___
35. Proper hand portable extinguishers ___
36. Portable extinguishers properly serviced ___
37. Service & Certification tag on system ___

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS: [illegible]

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X [illegible]	[illegible]	2/26/03	[illegible]			[illegible]
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

INSPECTION # 02 -09810

COMPANY R11

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	161	2	2

NO ENTRY DATES: 6/21

BUSINESS NAME VILLAGE GATE CAFE PHONE

BUSINESS OWNER MARIAN PARROW

ADDRESS 274 N GOODMAN ST ROCHESTER NY14607

PHONE 254 1592

BUSINESS EMERGENCY MARIAN PARROW

ADDRESS 834 FLOWER CITY PARK ROCHESTER NY14615

PHONE 719 9488

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
[illegible]	R11	B3	3	10/8/02
BUS/PROP REPRESENTATIVE: Marian E Parrow	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT

FIRE SAFETY DIVISION
185 Exchange Blvd., Suite 665
Rochester, New York 14614
(585) 428-7037

PERMIT

DATE 09/25/02

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

CROCODILE ROCK CAFE
274 GOODMAN ST N

03-09066	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16A	OVEN OPERATION-INDUSTRIAL/COMMERCIA	$ 60

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER
00274 GOODMAN ST N

03-09066	PERMIT NUMBER
09/25/02	INVOICE DATE
10/25/02	DUE DATE
$ 60	AMOUNT DUE

CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

PAID
NOV 8 2002

FD513

fdpmt1

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/03

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

Jerome Delgado
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT
ATTENTION: ACCOUNTS RECEIVABLE
185 EXCHANGE BLVD., SUITE 663
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER
00274 GOODMAN ST N

03-09066	PERMIT NUMBER
09/25/02	INVOICE DATE
10/25/02	DUE DATE
$ 60	AMOUNT DUE

CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

FD513

fdpmt1

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION 274 N. Goodman ST

DATE RECEIVED IN FIRE SAFETY: DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
								Left card 8-13-02		JS
8-20-02	2:30							Nothing done.		JS
9-2-02	1:25							all violations corrected	✓	JS

Fire Suppression Systems Report

SERVICE COMPANY

LAKESIDE FIRE PROTECTION
210 N. LACKAWANNA ST.
WAYLAND, NY 14572
(585) 728-9507
FAX (585) 728-3814

DATE OF SERVICE	TIME	A.M.	P.M.
6-10-2002	4:00		X

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			

LOCATION OF SYSTEM CYLINDERS: In cabinet @ End of Hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Pyro chem	PCL	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
2.4 gal	2.4 gal	

FUSE LINKS 360° F	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	4		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	1 1/2

SERIAL NUMBER	LAST HYDRO. TEST DATE	LAST RECHARGE DATE
	1996 & 1996	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: Mykonos Greek Cuisine
Address: 274 North Goodman Street
City: Rochester, N.Y. 14607
Telephone: (585) 271-5510 Store No. 1
Owner or Manager: John or Steffie

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

Gyro machine	15" Fryer	8 Burner Stove	48" charbroiler

1. All appliances properly covered w/correct nozzles — NO
2. Duct and plenum covered w/correct nozzles — yes
3. Check positioning of all nozzles. — yes
4. System installed in accordance w/MFG UL listing — yes
5. Hood/duct penetrations sealed w/weld or UL device — yes
6. Check if seals intact, evidence of tampering — yes
7. If system has been discharged, report same — yes
8. Pressure gauge in proper range (If gauged) — 175
9. Check cartridge weight (If applicable) — yes
10. Hydrostatic test date — 1996 & 1996
11. 6 year maintenance date — 6
12. Inspect cylinder and mount — yes
13. Operate system from terminal link — yes
14. Test for proper operation from remote — yes
15. Check operation of micro switch (Fire Alarm) — yes
16. Check operation of gas valve 1 1/2 — yes
17. Clean nozzles — yes
18. Proper nozzle covers in place (Replaced one) — yes
19. Check fuse links and clean — no
20. Replaced fuse links 4 450° — yes
21. Check travel of cable nuts/S-hooks — yes
22. Piping & conduit securely bracketed — yes
23. Proper separation between fryers & flame — NO
24. Proper clearance-flame to filters — yes
25. Exhaust fan in operating order — yes
26. All filters replaced — NO
27. Fuel shut-off in on position — yes
28. Manual & remote set/seals in place — yes
29. Replace systems covers — yes
30. System operational & seals in place — yes
31. Slave system operational — yes
32. Clean cylinder & mount — yes
33. Fan warning sign on hood — yes
34. Personnel instructed in manual operation of system — yes
35. Proper hand portable extinguishers K-1 — yes
36. Portable extinguishers properly serviced — yes
37. Service & Certification tag on system — yes

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS:
#1) Nozzles over stove need to be Re Aligned
#23) need divider 16" high installed Between Fryer and Stove due to open Flame & N.F.P.A 96 Fire Code

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT
x Eugene J Bartho	E00201	6-10-02	5:05		x	[signature]

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor Yellow - Customer Copy Pink - Authority Having Jurisdiction

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

My Xonos Greek Cuzzine
NAME

Date 8-6-02

274 North Goodman ST.
ADDRESS

Rochester, N.Y. 14607
CITY, STATE, ZIP

Inspection of the premises located at 274 N. Goodman ST reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

OK 1.) There shall be a divider between deep fry and stove Eassa 8" high mounted on deep fryer NFPA96

2.) The kitchen hood system shall be clean of grease

OK (outside Vent) N.F.P.A 96

Received by X
NAME

By Order of
Fire Marshal

DATE OF COMPLIANCE 9-2-02

TITLE DATE

Fire Marshal James H. Jones

Fire Marshal

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09786

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT # 005000-03.0

PROPERTY OWNER GRAY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	794	2	2

NO ENTRY DATES:

BUSINESS NAME PHONE
BUSINESS OWNER STEVEN CARPENTER D240
ADDRESS
PHONE 758 1410
BUSINESS EMERGENCY
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE R11
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
GOODMAN ST N 274 005000-03.0					
GARY I STERN 274 N GOODMAN ST ROCHESTER NY	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☒ B ☐ C ☐ D	442-9061	14607		
STERN REALTY 274 N. GOODMAN ST ROCHESTER NY			14607		
GARY I STERN 40 EVANDALE RD ROCHESTER NY		461-9867	14618		
51 594 2				2	

R11

Y N	Y N	Y N
GOODMAN ST N 274		005000-03.0
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
GARY I STERN 274 N GOODMAN ST ROCHESTER NY		442-9061 14607
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX
STERN REALTY 274 N GOODMAN ST ROCHESTER NY		

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE: GARY I. STERN 40 EVANDALE RD ROCHESTER NY	POSITION/TITLE			DATE OF REINSPECTION 461-9867 14618
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02-09813

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

BUSINESS NAME ~~YANKEE CLIPPER CARDS~~ PHONE
BUSINESS OWNER ~~THOMAS CAUKINS~~
ADDRESS ~~274 N GOODMAN ST~~ ~~B125 ROCHESTER NY14607~~
PHONE ~~442 5700~~
BUSINESS EMERGENCY ~~THOMAS CAUKINS~~ 315
ADDRESS ~~5125 WILLIAMSON RD~~ ~~MARION~~ ~~NY14505~~
PHONE ~~589 8425~~

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
D. S. MURRAY	R11	3	3	08/08/02

BUS/PROP REPRESENTATIVE	POSITION / TITLE	DATE OF REINSPECTION
Thomas A. Cullis Jr.		

FIRE SAFETY INSPECTOR	DATE

RFD 501 REV. 01/02

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09806

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	152	2	2

NO ENTRY DATES: 6/21

BUSINESS NAME SHI-LING SHING STUDIOS — PHONE
BUSINESS OWNER SHI-LING HSIANG — A-403
ADDRESS — ROCHESTER NY14607
PHONE 244 9148

BUSINESS EMERGENCY SHI-LING HSIANG
ADDRESS 16 STONEBRIDGE LN — PITTSFORD NY14534
PHONE 248 8262

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
H. S. MURRAY	R11	3	3	08/09/02
BUS/PROP REPRESENTATIVE: Shi-ling Hsiang	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09812

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY
ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN
ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME WOSA'S FINE WIGS, BRAIDS PHONE 436.4068
BUSINESS OWNER WOSA PAASEWE [redacted]
ADDRESS 40 TERRACE PK ROCHESTER NY14619
PHONE [redacted] 370.1912

BUSINESS EMERGENCY
ADDRESS 274 N. GOODMAN ST. B131 PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: FF K. BILLS	COMPANY R11	DISTRICT 3	GROUP 3	DATE 8.8.02
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

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Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 - 09803

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME ONONDAGA SCHOOL OF THERAP PHONE
BUSINESS OWNER
ADDRESS 302 N. GOODMAN ST.
PHONE
BUSINESS EMERGENCY PRICILLA VILLENSVA
ADDRESS 76-C Dodge st. PHONE 305-7034 ~~241 3985~~

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☑ ☐ FIRE/SMOKE DETECT. SYSTEM	☑ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
D. Bender	R11	B3	3	8/9/02
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
P. Villanueva				
FIRE SAFETY INSPECTOR:				DATE

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Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) 428-7037

INSPECTION # 02-09814

COMPANY R11

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY
ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN
ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES:

BUSINESS NAME YANKEE PEDDLER BOOKS PHONE
BUSINESS OWNER JOHN WESTERBERG
ADDRESS ~~B272~~ B130 ROCHESTER NY14607
PHONE 271 5080
BUSINESS EMERGENCY JOHN WESTERBERG (315)
ADDRESS 4299 E LAKE RD WILLIAMSON NY14589
PHONE 589 2049

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
H. S. MURRAY	R11	3	3	08/08/02
BUS/PROP REPRESENTATIVE: Bob Gullo	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09801

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME MOTION CONTROL TECHNOLOGY PHONE B264
BUSINESS OWNER JOHN SAPORITO (461-2110)
ADDRESS 1650 STRONG RD VICTOR NY14564
PHONE 742 1649
BUSINESS EMERGENCY ~~TONY CASSARO~~ PATRICK ALLEN
ADDRESS
PHONE ~~225 1539~~ 381.2154

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☒ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF. R. BILLS	R11	3	3	8.8.02

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
Karen LRoy		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11 | INSPECTION # 02 -09808

ADDRESS: GOODMAN ST N | FROM / TO: 274 | TAX ACCT #

PROPERTY OWNER: GARY I STERN | ADDRESS: 274 N GOODMAN ST | PHONE: 442-9061
CITY | STATE | ZIP

MAILING NAME | ADDRESS | PHONE
CITY | STATE | ZIP

EMERGENCY CONTACT | ADDRESS | PHONE: 000-0000
CITY | STATE | ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME TELECOMMUNICATIONS BANK PHONE
BUSINESS OWNER
ADDRESS 274 N. GOODMAN ST. A204 PHONE
BUSINESS EMERGENCY PERRY BANKS
ADDRESS 552 CLAY AV ROCHESTER NY14613
PHONE 647 1784

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: FF R BILLS	COMPANY R11	DISTRICT 3	GROUP 3	DATE 8.8.02
BUS/PROP REPRESENTATIVE: Perry L. Banks	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

INSPECTION # 02 -09798

COMPANY R11

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY
ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN
ADDRESS 40 EVANDALE RD PHONE 481-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51		2	2

NO ENTRY DATES:

BUSINESS NAME ENVIRONMENTAL DESIGN & RE PHONE 585-271-0040
BUSINESS OWNER DAVE CRANDELL 315
ADDRESS 238 WEST DIVISION ST SYRACUSE NY13204
PHONE 471 0688

BUSINESS EMERGENCY DOUG MAGDE
ADDRESS 77 LAURELTON RD ROCHESTER NY14609
PHONE 654 7792

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	R11	3	3	08/08/02

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

INSPECTION # 02 -09788

COMPANY R11

ADDRESS GOODMAN ST N FROM / TO 274

TAX ACCT #

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT

ADDRESS PHONE 000-0000

CITY STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	~~53~~	~~532~~		

NO ENTRY DATES:

BUSINESS NAME ~~ANTIQUES AND OLD LACE~~ PHONE

BUSINESS OWNER ~~ANNETTE NIELD~~

ADDRESS

PHONE ~~425 8565~~

BUSINESS EMERGENCY ~~ANNETTE NIELD~~

ADDRESS

PHONE ~~425 8565~~

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	TENANT HAS MOVED				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09802

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME NYS ASSEMBLY MEMBER SUSAN PHONE

BUSINESS OWNER

ADDRESS C254 ROCHESTER NY14607

PHONE 244 5255

BUSINESS EMERGENCY PATRICIA RZEPKA

ADDRESS 17 VALLEY GREEN DR PENFIELD NY14526

PHONE [redacted] 377-0924

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt. S. Murray	R11	3	3	08/08/02

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09799

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME ADDRESS PHONE

CITY STATE ZIP

EMERGENCY CONTACT GARY I. STERN ADDRESS 40 EVANDALE RD PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME ~~INSIGHT MUSIC~~ 27 PHONE

BUSINESS OWNER ~~ROD PROBST~~

ADDRESS ~~274 N GOODMAN ST D-106 ROCHESTER NY14607~~

PHONE 271 5618

BUSINESS EMERGENCY ~~ROD PROBST~~

ADDRESS ~~301 NORCREST DR~~ ROCHESTER ~~NY14617~~

PHONE ~~467 2333~~

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	TENANT HAS MOVED				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09807

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY
ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I. STERN
ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	794	2	2

NO ENTRY DATES: 8.8.02

BUSINESS NAME STEVEN CARPENTER STUDIO PHONE
BUSINESS OWNER STEVEN CARPENTER
ADDRESS 274 N GOODMAN ST D-240 ROCHESTER NY14607
PHONE 758 1410
BUSINESS EMERGENCY JUDY KEESAN
ADDRESS
PHONE 473 1526

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
D. S. MURRAY	R11	3	3	08/09/02
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09804

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN
ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY
ADDRESS 274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN
ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 521	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME RICKY'S PLACE PHONE
BUSINESS OWNER RICKY SANDS
ADDRESS B116 ROCHESTER NY14607
PHONE 442 0042
BUSINESS EMERGENCY RICKY SANDS
ADDRESS 195 WIMBLEDON RD ROCHESTER NY14617
PHONE 544 0009

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF K. BILLS	R11	3	3	8.8.02

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2002

INSPECTION DATE: 8/6/02

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAVUETTA PHONE NO: 2561670 APPOINTMENT: (Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT
~~5412B16~~B	~~30~~	09050

5412B16A -
OVEN OPERATION-INDUSTRIAL/COMMERCIAL

Void 101

fire ext. outdated tag

DATE VIOLATIONS ISSUED: _____ 20 ___ CORRECTED: _____ 20 ___

DATE OF APPROVAL FOR PERMIT: 8/6/ 20 02 SIGNATURE: [signature]

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: Sept. 26, 2002 DATE EXPIRED: _____ 20 __

PERMIT NUMBER: 03-090666 FEE REQD: _____

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted: Telephone #:

DATE RECEIVED IN FIRE SAFETY: JUL 30 2002 DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
8/6/02								1 V/O 1 cont.		AL
8/15/02						1		1 cor	X	AR

Y N
☑ ☐ SPRINKLER SYSTEM
☑ ☑ COOKING HOOD SYSTEM
☐ ☑ FIRE ALARM SYSTEM
☐ ☑ STANDPIPE SYSTEM
☑ ☑ COOKING SYSTEM
☐ ☑ BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION

FIRE MARSHAL

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2002

INSPECTION DATE: 8/6/02

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAVETTA Rich PHONE NO: 2561670 APPOINTMENT: (Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT
~~5412B16B~~	~~30~~	09050

5412B16A -
OVEN OPERATION-INDUSTRIAL/COMMERCIAL

1 VIO 10 rds

fire ext. outdated tag

DATE VIOLATIONS ISSUED: _____ 20 ___ CORRECTED: _____ 20 ___

DATE OF APPROVAL FOR PERMIT: 8/15/ 20 02 SIGNATURE: Al Rulick

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ___ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

Rochester Fire Department
185 Exchange Blvd. Suite 665
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

Inspector 428-3685

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Rich Chiavetta.
Crocodile Rock Cafe
NAME

Date 8/6/02

274 N. Goodman St
ADDRESS

Rochester, N.Y 14607
CITY, STATE, ZIP

256-1670.

Inspection of the premises located at Above reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

9NYCRR
1163.13b1 Portable fire-extinguisher
outdated inspection tag.
Shall inspect by certified company

Chavin 44408
Rural Fire & Safety.
546-6765.

Received by: _____ NAME _____ TITLE _____ DATE

By Order of
Fire Marshal

ALBERT Richards
Fire Marshal Al Richards

DATE OF COMPLIANCE 8/15/02

Fire Marshal Al Richards

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02-09797

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

BUSINESS NAME ENCHANTED WORLD OF DOLLS PHONE
BUSINESS OWNER MARY JANE MUSCARELLA
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE 244 0489
BUSINESS EMERGENCY MARY JANE MUSCARELLA
ADDRESS 6 CRABTREE CL WEBSTER NY14580
PHONE 671 6518

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☑ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT: Capt. P. Ryan	COMPANY R-11	DISTRICT 3	GROUP 2	DATE 8-5-02
BUS/PROP REPRESENTATIVE: Pat Carter	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09790

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 189	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME AREA ARTISTS INC

PHONE

BUSINESS OWNER G RENO

ADDRESS D-242-A ROCHESTER NY14607

PHONE 473 8958

BUSINESS EMERGENCY ADDRESS

PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☑ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT: Capt. P. Ryan	COMPANY R-11	DISTRICT 3	GROUP 2	DATE 8-5-02
BUS/PROP REPRESENTATIVE: Wm Hamelinck	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY R11

INSPECTION # 02 -09792

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	534	2	2

NO ENTRY DATES:

BUSINESS NAME BOP SHOP RECORD STORE THE PHONE
BUSINESS OWNER THOMAS KOHN
ADDRESS 8123 ROCHESTER NY14607
PHONE 271 3354
BUSINESS EMERGENCY THOMAS KOHN
ADDRESS 865 WHALEN RD PENFIELD NY14526
PHONE 381 3816

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF C. HEBB	R-11		2	7/25/02
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
	OWNER			
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02-09795

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 541	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME COMICS ETC PHONE

BUSINESS OWNER ANDY BATTAGLIA

ADDRESS B114 ROCHESTER NY14607

PHONE 473 7150

BUSINESS EMERGENCY ANDY BATTAGLIA

ADDRESS 155 FLOVERTON ST ROCHESTER NY14610

PHONE 654 8262

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☑ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT: Capt. P. Rogers	COMPANY R11	DISTRICT 3	GROUP 2	DATE 7-25-02
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09796

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 231	STRUCTURE TYPE 1	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME DANCER'S ALLEY DANCE STUD PHONE

BUSINESS OWNER MEGGINS KELLY

ADDRESS ~~[illegible]~~ 3 D23Y ROCHESTER NY14607

PHONE 271 0031

BUSINESS EMERGENCY MEGGINS KELLY

ADDRESS 44 COUCHMAN AV ROCHESTER NY14617

PHONE 467 3686

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: FF C. HERB	COMPANY R-11	DISTRICT	GROUP 2	DATE 7/25/02
BUS/PROP REPRESENTATIVE: Gary Stern	POSITION / TITLE OWNER			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) **428-7037**

COMPANY R11

INSPECTION # 02 -09800

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 2274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 591	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME KELLER ADVERTISING PHONE
BUSINESS OWNER SCOTT A KELLER
ADDRESS 274 N GOODMAN ST D230 B ROCHESTER NY14607
PHONE 271 7000
BUSINESS EMERGENCY SCOTT A KELLER
ADDRESS 2506 OAKVIEW DR ROCHESTER NY14617
PHONE 266 2083

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: FF C. HERB	COMPANY R-11	DISTRICT	GROUP 2	DATE 7/25/02
BUS/PROP REPRESENTATIVE: Gary Stern	POSITION / TITLE OWNER			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

FD578

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ✓
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: 6/24

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
6/25		GARY STERN		X				FAXED + MAILED REG. MAIL	-	ROBB
/28	—	FAX RECEIVED			→			COMPLETED	✓	ROBB

ROCHESTER FIRE DEPARTMENT
Inspector Robb Salerno
185 Exchange Blvd., Suite 665
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

STERN REALTY + MANAGEMENT
NAME

Date 6/24/02

274 GOODMAN ST
ADDRESS

ROCHESTER N.Y 14607
CITY, STATE, ZIP

Inspection of the premises located at 274 N. GOODMAN ST reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1) REGARDING THE DOOR TO THE GAS METERS ADJACENT TO "MYKONOS GREEK CUISINE":
DOOR SHALL BE PLACARDED
GAS METER ROOM
WATER MAIN
SPRINKLER RISER #?
ACCESS SHALL BE MAINTAINED TO ALL SHUT OFFS.

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal ROBB SALERNO

Fire Marshal R. Salerno

DATE OF COMPLIANCE 6/28/02

RECEIVED ROCHESTER FIRE DEPT 02 JUN 25 AM 9:31

FD 506

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(585) 428-7037

COMPANY R11

INSPECTION # 02-09805

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	161	2	2

NO ENTRY DATES:

BUSINESS NAME ~~SALINA'S~~ SALENAS MEXICAN RESTARUA PHONE
BUSINESS OWNER ALBERT DEBLICK
ADDRESS 274 N GOODMAN ST PHONE
BUSINESS EMERGENCY ALBERT DEBLICK
ADDRESS 70 QUENTIN RD ROCHESTER NY14609
PHONE 750 0750

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt. M. Pascuzzi	R-11	3	3	6/21/02
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

COPY TO FIRE SAFETY

FD570

FIRE SAFETY INSPECTION RECORD

☐ SOB LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: JUN 10 2002

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
6/10/02	3:30	RICHARD						2 VIOS	✓	DICK

FILE

CLS1080

Date Printed: June 10, 2002

City of Rochester
City Code License - Sexually Oriented Business
For Application#: 3

Current Status/Date: **06/07/2002 V - Wait CZC**

Applic. Date: **06/07/2002** Issue Date: Start Date: **05/29/2002** Expiration Date: **01/31/2003**

General Comments: **LV**

License Fee: **$225.00** ***** NEW LICENSE ***** Last Chgd: **06/07/2002 Clrk2**

Applicant: **RICHARD SCHROEDEL** Residence: **274 GOODMAN ST. N**

DOB: **10/03/1942** Home Phone: **(585) 760-8383** City, State, Zip: **ROCHESTER, NY 14607**

Business Name: **OUTLANDISH VIDEOS AND GIFTS** Business Phone **(585) 760-8383**

cy 544-6620
266-2854

Business Name:

Activity:

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **1** Dancing Allowed: **Yes**

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **W / 06/07/2002** Reviewer:

3 Game Limit? **Yes** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No /**

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **W / 06/07/2002** Reviewer:

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **W / 06/07/2002** Reviewer:

Occupancy: **0** Cart Inspection Date: Approved: **No**

Comments: 6/10/02 RA [illegible]

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **W / 06/07/2002** Reviewer:

Comments:

(1) ELEC STORE RM
NEED TO BE CKED

(2) OFFICE Ceiling Tiles
Replaced

(3) CEILING LITE

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE E NEW

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: JUN 3 2002

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
6/6			X							ROBB
6/07		SPOKE TO Rizos IN TO STOP BY TUESDAY								
6/18		INSPECT TODAY								
6/19						X		(5) VIOLATIONS CORRECTED RETURN MONDAY - NOTIFY STERN TO PLACARD LOCATION OF GAS METERS.	-	ROBB
	(OKED) BY OP.								(OK)	ROBB
6/24		(JOHN.-)					(Cindy)			

CLS1080

Date Printed: June 3, 2002

City of Rochester
City Code License - Entertainment Center
For Application#: 106

Current Status/Date: **05/31/2002 V - Wait CZC**

Applic. Date: **05/31/2002** Issue Date: Start Date: **02/01/2002** Expiration Date: **01/31/2003**

General Comments:

License Fee: **$0.00** ***** NEW LICENSE ***** Last Chgd: **05/31/2002 bernhrdt**

Applicant: **STEFFIE RIZOS** Residence: **24 ridgecrest rd**

DOB: **06/12/1965** Home Phone: **(585) 720-9294** City, State, Zip: **rochester new york 14626**

Business Name: **mykonos greek cuisine** Business Phone **(585) 271-5510**

Business Name:

Activity: **restaurant**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **W / 05/31/2002** Reviewer:

3 Game Limit? **Yes** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No /**

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **P / 05/31/2002** Reviewer: **sexstont**

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **W / 05/31/2002** Reviewer: R Salerno

Occupancy: 200 **0** Cart Inspection Date: Approved: 6/19/02 **No**

Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **W / 05/31/2002** Reviewer:

Comments:

CITY OF ROCHESTER
FIRE DEPARTMENT BUSINESS LICENSE ACTIVITY BY APPROVER STATUS
FOR PERIOD : 04/01/2002 THRU 06/30/2002

APPROVER STATUS: W - WAITING ASSIGNMENT TO REVIEWER

LICENSE NUMBER	LIC STATUS CODE	DATE	APPLICATION DATE	LICENSE ISSUE DATE	CZC#	BUSINESS ACTIVITY	APPROVER STATUS DATE
LICENSE TYPE : ENTERTAINMENT CENTER							
EC 106	2002	V	5/31/02	5/31/02		restaurant	05/31/2002

APPLICANT- Name, Addr, CSZ, Phone	RIZOS; STEFFIE	24 RIDGECREST RD	ROCHESTER NEW YORK 146	(585) 720-9294
BUSINESS - Name, Addr, CSZ, Phone	MYKONOS GREEK CUISINE	274 GOODMAN ST N	ROCHESTER, NY 14607	(585) 271-5510

	Police	Zoning	Fire	Building	NET
Status/Date:	P 5/31/02	W 5/31/02	W 5/31/02	W 5/31/02	
Comments:					

Total for License Type: 1

Total for Status: 1

Total Applications Listed: 1

Sorted by Approver Status, License Type

From: Thomas Sexstone
To: Cutt, Renie; Eisenhart, O D; Smith, Joel
Date: 6/3/02 7:25AM
Subject: Mykonos

Steffie Rizos has applied for an entertainment license for her restaurant, located at 274 N. Goodman. The administration has requested I expedite processing it, and requests that your office do the same. Evidently they have an event planned soon, and need the license a.s.a.p.
Tom

CC: Lou D'Angelo

CLS1080

Date Printed: June 3, 2002

City of Rochester
City Code License - Entertainment Center
For Application#: 106

Current Status/Date: **05/31/2002 V - Wait CZC**

Applic. Date: **05/31/2002** Issue Date: Start Date: **02/01/2002** Expiration Date: **01/31/2003**

General Comments:

License Fee: **$0.00** ***** NEW LICENSE ***** Last Chgd: **05/31/2002 bernhrdt**

Applicant: **STEFFIE RIZOS** Residence: **24 ridgecrest rd**

DOB: **06/12/1965** Home Phone: **(585) 720-9294** City, State, Zip: **rochester new york 14626**

Business Name: **mykonos greek cuisine** Business Phone **(585) 271-5510**

Business Name:

Activity: **restaurant**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **05/31/2002** Reviewer:

3 Game Limit? **Yes** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **P** / **05/31/2002** Reviewer: **sexstont**

Activity Code:

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **05/31/2002** Reviewer: R. Salerno

Occupancy: 200 **0** Cart Inspection Date: Approved: 6/19/02 **No**

Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **05/31/2002** Reviewer:

Comments:

PERMIT.
Alarm System? NOT FOUND
Hood. System? DATE. NO TAG
K- EXTINGUISHER? DATE. JAN 2001
EMERGENCY lighting? NOT WORKING.
OCCUPANCY Sign? — NONE POSTED.

Hood Clean? 5/28

- HOT WATER Heater
Combustables to Close.

- ~~EXIT BLOCKED~~
- EXIT NOT Sign lighted
- 1

- EXTINGUISHER By Prep Counter NOVEMBER 2001

- DECORATIVE ceiling - NOTE (BLOCKING SOME SPRINKLER HEADS)

- HEATING - unit cover missing
- Com

MYKONOS GREEK CUISINE
274 NORTH GOODMAN STREET
P.O. BOX 76
ROCHESTER NY. 14607

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

MYKONOS GREEK CUISINE
NAME

Date 6/7-02

274 NORTH GOODMAN ST
ADDRESS

ROCHESTER N.Y 14607
CITY, STATE, ZIP

P.O BOX 76

Inspection of the premises located at 274. GOODMAN ST NORTH. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

OK ✓ 1) ~~ALARM PERMIT NOT AVAILABLE.~~

✓ 2) KITCHEN HOOD SYSTEM SHALL HAVE CURRENT INSPECTION.

✓ 3) K-EXTINGUISHER SHALL HAVE CURRENT INSPECTION (JAN. 01)

✓ 4) EMERGENCY LIGHTING NOT FUNCTIONING

✓ 5) OCCUPANCY SIGN NOT POSTED.

Received by: _____ NAME _____ TITLE _____ DATE

02 JUN -7 AM 9:47
RECEIVED
ROCHESTER FIRE DEPT.

By Order of Fire Marshal

Fire Marshal ROBB SALERNO

DATE OF COMPLIANCE 6/19/02

Fire Marshal R. Salerno

ED 506

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

MYKONOS GREEK CUISINE
NAME

Date 6/7-02

274 NORTH GOODMAN ST
ADDRESS
P.O. BOX 76

ROCHESTER N.Y. / 14607
CITY, STATE, ZIP

Inspection of the premises located at 274 GOODMAN ST N. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

6) HOT WATER HEATER - COMBUSTABLES STORED TO CLOSE - (SHALL BE 36" AWAY)

7) EXIT SIGNS NOT ILLUMINATED

8) HEATING UNIT - COMBUSTABLES STORED TO CLOSE - (SHALL BE 36" AWAY)
- COVER OF UNIT IS MISSING.

Received by: _____ NAME

RECEIVED
ROCHESTER FIRE DEPT.
02 JUN -7 AM 9:17

TITLE _____ DATE _____

By Order of Fire Marshal

Fire Marshal ROBB SALERNO

DATE OF COMPLIANCE 9/25/02

Fire Marshal R. Salerno

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(585) 428-7037

DATE 05/01/02

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

MONROE REPROGRAPHICS INC
274 GOODMAN ST N

03-04053	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10A	FLAMMABLE LQD STORAGE CLS I	$ 50
5412B10B	CMBSTBLE LQD STORAGE CLS II,III	$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	$ 50
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 60

CITY OF
ROCHESTER, NY
CITY CLERK'S OFFICE

1	Fire Prev	$210.00
	TOTAL	$210.00
	CASH	$0.00
	CHECK	$210.00
	CHANGE	$0.00
	# ITEM	1

05/03/2002 3:55:13 PM

Receipt #: 32114
Control #: 429

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

03-04053	PERMIT NUMBER
05/01/02	INVOICE DATE
06/01/02	DUE DATE
$ 210	AMOUNT DUE

MONROE REPROGRAPHICS INC
274 GOODMAN ST N
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(585) 428-7037

DATE 05/13/02

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

03-05043	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 50

CITY OF
ROCHESTER, NY
CITY CLERK'S OFFICE

1	Fire Prev	$50.00
	TOTAL	$50.00
	CASH	$0.00
	CHECK	$50.00
	CHANGE	$0.00
	# ITEM	1

05/21/2002 1:30:40 PM

Receipt #: 31449
Control #: 421

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 05/31/03

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

03-05043	PERMIT NUMBER
05/13/02	INVOICE DATE
06/13/02	DUE DATE
$ 50	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN STREET
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FD570

8

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

E

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: MAR 13 2002

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
								REALTY CORP		DICKIE

INSPECTION REPORT PERMIT MONTH: MAY 2002

INSPECTION DATE: 4/2/02

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN STREET
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: Main For Pkg.

PERSON CONTACTED: GARY STERN PHONE NO: 4429061 APPOINTMENT: (Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	50	05047	ACETYLENE/FLAMMABLE GAS USAGE

NO ACETYLENE
ON PREM -
@ THIS TIME -

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: 4/2 20 02 SIGNATURE: RA [signature]

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 __

PERMIT NUMBER: _____ FEE REQD: _____ _____

FD870 (6)

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ✓
HIGH-RISE ☐

LOCATION: 274 GOODMAN MONROE GRAPH

DATE RECEIVED IN FIRE SAFETY: FEB 13 2002

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
2-21-02	TUES	2/26/02 10:30	CANCELLED						✓	RAD
2-27-02	WED	ROSS						MADE NOTE OR 2 VIOL WILL CORRECT	✓	RA

INSPECTION REPORT PERMIT MONTH APRIL 2002

INSPECTION DATE: 2/27/02

LOCATION: 274 GOODMAN ST N 02 OWNER: MONROE REPROGRAPHICS INC
274 GOODMAN ST N
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: Printing Comp

PERSON CONTACTED: TOM GRUBER PHONE NO: 4736600 APPOINTMENT:(Y/N) ____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10A	50	04053	FLAMMABLE LQD STORAGE CLS I
5412B10B	50		CMBSTBLE LQD STORAGE CLS II,III
5412B12C	50		CORROSIVE LIQUIDS - OVER 55 GAL
5412B17	60		CMBSTBL MAT'L STRGE-OVER 2500 CU FT

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: 2/27/ 20 02 SIGNATURE: R A D'Angelo

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 ____

PERMIT NUMBER: FEE REQD:

(1) BLANK ELEC BOX
(2) SIGN FOR FLAM STORAGE

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION 274 N. GOODMAN ST Village Gate

DATE RECEIVED IN FIRE SAFETY: DEC 12 2001

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPEC
12/20/01								No Violations		DICKIE

Owner's Name

Home Addresss & Zip

Home Phone #

FILE

Y	N		
☑	☐	SPRINKLER SYSTEM	REPORT - YES NO
☐	☑	COOKING HOOD SYSTEM	DATE _____
☐	☑	FIRE ALARM SYSTEM	PERMIT # _____
☑	☐	STANDPIPE SYSTEM	REPORT - YES NO
☐	☑	COOKING SYSTEM	
☐	☑	BARS/WIRE ON WINDOWS	

CLS1080

Date Printed: December 12, 200

City of Rochester
City Code License - Second Hand Dealer, Chpt 96
For Application#: 36

Current Status/Date: **12/12/2001 P - Pending**

Issue Date: Start Date: **01/01/2002** Expiration Date: **12/31/2002**

General Comments:

License Fee: **$75.00** Last Chgd: **12/12/2001 bernhrdt**

Applicant: **Ricky Sands** Residence: **195 Wimbledon Rd**

DOB: **06/20/1934** Home Phone: **(716) 544-0009** City, State, Zip: **Rochester, NY 14617**

Business Name: **Ricky's Place** Business Phone **(716) 442-0042**

Business Name:

Activity: **new & secondhand jewelry and clothes**

City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(716) 442-9061** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **No**

Zoning Approval CZC#: **1010108** Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **12/10/2001** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **P** / **12/12/2001** Reviewer: **sexstont**

Activity Code: **2**

Comments:

Fire Approval 12/20/01 Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: **W** / **12/10/2001** Reviewer: R. SHERBY

Occupancy: Cart Inspection Date: Approved: **No**

Comments: OK 12/20/01 R. A. Imperio

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /

Status / Date: / Reviewer:

Comments:

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION 274 N. Goodman St - New York Agency

DATE RECEIVED IN FIRE SAFETY:

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
								ALARM TEST		
10-19-01	2:00	MITCH						CANCELLED	X	S.A
10-25-01	2:30	442-9061						2nd FLOOR		

September 15, 2001

From: David J. Powelczyk
21 Dutchess Drive
Rochester, NY 14612
716 277-8870

To: Stern Realty
274 N. Goodman St.
Rochester, NY 14607
716 442-9061

Electrical Estimate on located at NYA, 274 North Goodman St.

Wiring Per Plans and Spec	QTY	Material $
1. Strobes/ Strobes-Horn	3	21
2. AV devices	2	45

Sincerely,

David J. Powelczyk Jr.

City of Rochester

Fire Safety Division
Fire Department

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037
(716) 428-6069 Fax

DATE: 10-25-01

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the ALARM TEST

at the premises located at 274 N. GOODMAN ST - NEW YORK AGENCY

No violations were noted.

Sincerely,

Code Enforcement Officer
(716) 428-7037

(almtest)

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION
300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/30/01

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

CROCODILE ROCK CAFE
274 GOODMAN ST N

02-09050	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30

CITY OF
ROCHESTER, NY
CITY CLERK'S OFFICE

1	Fire Prev	$30.00
	TOTAL	$30.00
	CASH	$0.00
	CHECK	$30.00
	CHANGE	$0.00
	# ITEM	0

09/27/2001 1:01:27 PM
Receipt #: 18519
Control #: 263

accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/02

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

02-09050	PERMIT NUMBER
08/30/01	INVOICE DATE
09/30/01	DUE DATE
$ 30	AMOUNT DUE

CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

INSPECTION REPORT PERMIT MONTH: SEPT 2001

INSPECTION DATE: 7/1/01

.OCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE

274 N. GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

'ERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

:ODE	FEE	PERMIT	
-412B16B	30	09049	OVEN OPERATION - PIZZA

ATE VIOLATIONS ISSUED: _____ 20 ___ CORRECTED: _____ 20 ___

'ATE OF APPROVAL FOR PERMIT: 7/20 20 01 SIGNATURE: _____

FOR OFFICE USE ONLY

'ATE PERMIT ISSUED: 8/30 20 01 DATE EXPIRED: 9/30 20 02

'FRMIT NUMBER: 09050 FEE RECD:

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 GOODMAN ST N

DATE RECEIVED IN FIRE SAFETY: / DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
7/1/07		DAVE SARUINO						Crocodile Rock	X	Sib
								FILE		
								Rich Chiovetta 36 Somerset Dr. 544-8931		
								FILE		

INSPECTION REPORT PERMIT MONTH: SEPT 2001

INSPECTION DATE: 7/1/01

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE

274 N. GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09049	OVEN OPERATION - PIZZA

DATE VIOLATIONS ISSUED: _____ 20 ___ CORRECTED: _____ 20 ___

DATE OF APPROVAL FOR PERMIT: 7/20 2001 SIGNATURE: [signature]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 20 ___ DATE EXPIRED: _____ 20 ___

PERMIT NUMBER: FEE PAID:

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY: R17

INSPECTION # 01 - 06269

ADDRESS: GOODMAN ST N — FROM / TO: 274 ~~302~~ — TAX ACCT #: 005000-03-0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061

CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:

CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867

CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES: G-5

BUSINESS NAME: TELECOMMUNICATIONS BANK — PHONE:

BUSINESS OWNER: PERRY BANKS — SUITE A204

ADDRESS: E207 ROCHESTER NY 14607 — PHONE: 442 2040

BUSINESS EMERGENCY: PERRY BANKS

ADDRESS: 552 CLAY AVE 14613 — PHONE: 647-1784

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT: Lt. G. Mario	COMPANY: R17	DISTRICT: 3	GROUP: 4	DATE: 6-28-01
BUS/PROP REPRESENTATIVE: Perry L. Banks	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: President				DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

BUILDING INSPECTION / COMPLAINT FORM

COMPANY R47

INSPECTION # 01 - 06250

ADDRESS: GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14610

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	741	2	2

NO ENTRY DATES:

BUSINESS NAME: LADISH VIDEOS & GIFTS PHONE:
BUSINESS OWNER: PAUL PAPE
ADDRESS: 27 ANGEL PL ROCHESTER NY 14620
PHONE: 461 2995
BUSINESS EMERGENCY: PAUL PAPE
ADDRESS: 27 ANGEL PL ROCHESTER NY 14620
PHONE: 461 2995

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	Closed out of Business / VACANT				

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
CT. G. MONTO	R-17	3	4	06-5-01

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY R17

INSPECTION # 01 - 06258

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	54	544	2	5

NO ENTRY DATES:

BUSINESS NAME: THE GIFTS THEY GAVE PHONE:
BUSINESS OWNER: NANNETTE CEPERO
ADDRESS: 109 LINDEN ST ROCHESTER NY 14620
PHONE: 271 1995
BUSINESS EMERGENCY:
ADDRESS:
PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D
	Moved Out OF Building / Vacant

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. G. MORIO	R17	3	4	06-05-01

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY R17

INSPECTION # 01 - 06238

ADDRESS: GOODMAN ST N 274 | FROM / TO | TAX ACCT #

PROPERTY OWNER: GARY I STERN | ADDRESS: 274 N GOODMAN ST | PHONE: 442-9061
CITY: ROCHESTER | STATE: NY | ZIP: 14607

MAILING NAME: STERN REALTY | ADDRESS: 274 N GOODMAN ST | PHONE:
CITY: ROCHESTER | STATE: NY | ZIP: 14607

EMERGENCY CONTACT: GARY I STERN | ADDRESS: 40 EVANDALE RD | PHONE: 461-9867
CITY: ROCHESTER | STATE: NY | ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME: ARCHER COMMUNICATIONS INC | PHONE:
BUSINESS OWNER: ARCHER COMMUNICATIONS INC
ADDRESS: | PHONE:
BUSINESS EMERGENCY ADDRESS: | PHONE: 461 1750

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	Moved out OF Building / VACANT				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt. G. Morio	R-17	3	4	06-05/01
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY R17

INSPECTION # 01 - 06247

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #: 005000-05 0

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY ADDRESS: 274 N GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	753	2	2

NO ENTRY DATES:

BUSINESS NAME: GATEWAY FOSTER & FRAMING PHONE:
BUSINESS OWNER: ROB LA FAVE
ADDRESS: C155 ROCHESTER NY 14620
PHONE: 473 7330
BUSINESS EMERGENCY: ROB LA FAVE
ADDRESS: 30 MERRIMAN ST ROCHESTER NY 14607
PHONE: 244 8867

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	BUSINESS NO LONGER OCCUPYING				
	SPACE IN DWELLING				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	R17	3	3	06/01/01

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY R17

INSPECTION # 01 - 06233

ADDRESS: GOODMAN ST N FROM / TO 274 TAX ACCT # 005000 03 0

PROPERTY OWNER: GARY I STERN ADDRESS: 274 W. GOODMAN ST. PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: ~~JAMES BLYTHE FURNITURE~~ ADDRESS: 274 N. GOODMAN ST PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN ADDRESS: 40 EVANDALE RD. PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: JAMES BLYTHE FURNITURE PHONE:
BUSINESS OWNER:
ADDRESS: PHONE:
BUSINESS EMERGENCY:
ADDRESS: PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D
	BUSINESS NO LONGER OCCUPYING
	SPACE IN DWELLING.

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	R17	B	3	06 01 01

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY R17

INSPECTION # [redacted] - 11291

ADDRESS GOODMAN ST. N FROM / TO 274 TAX ACCT # 005000 03 0

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST. PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 274 N. GOODMAN ST. PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN ADDRESS ~~274~~ 40 EVANDALE RD. PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME CALIFORNIA ROLLIN SUSHI PHONE 271-8990
BUSINESS OWNER TOM BEAMAN.
ADDRESS 274 N. GOODMAN ST. ROCHESTER NY 14607
B117 PHONE
BUSINESS EMERGENCY TOM BEAMAN
ADDRESS 9 CROSSROAD. DR.
ROCHESTER, NY 14609 PHONE 716.288.7026

SPECIAL INSTRUCTIONS:

~~SPECIAL~~ HAZARDS OR CONSTRUCTION MAIN RISER CONTROL VALVE IN BUSINESS ON WEST WALL

COMPLAINT

☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D

DIRECTION ROOM #, ETC.	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☑ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☑ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☑ ☐ FIRE ALARM SYSTEM	☑ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. KEVIN M. BILLS	R-17	3	3	6/1/01
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

BUILDING INSPECTION / COMPLAINT FORM

INSPECTION # 01 - 06244

COMPANY: R17

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03-0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
CITY: ROCHESTER	STATE: NY	ZIP: 14607

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
CITY: ROCHESTER	STATE: NY	ZIP: 14607

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	481-9867
CITY: ROCHESTER	STATE: NY	ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51		2	2

NO ENTRY DATES:

BUSINESS NAME: ENVIROMOTAL DESIGN & RESEARCH / COTTAGE BREWING — PHONE:
BUSINESS OWNER: ELISABETH BOSEK
ADDRESS: B260 — ROCHESTER NY 14607 — PHONE: 242-0170
BUSINESS EMERGENCY: ELISABETH BOSEK
ADDRESS: 57 LAKEVIEW PK — ROCHESTER NY 14613 — PHONE: 458-4606

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D
	BUSINESS NO LONGER OCCUPYING
	SPACE IN DWELLING.

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	R17	3	3	06/01/01

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY: R47

INSPECTION # 01 - 06262

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03-0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	54			

NO ENTRY DATES:

BUSINESS NAME: WHITE SCHOOL OF BALLET — PHONE:
BUSINESS OWNER: PAMELA S WIKENS WHITE
ADDRESS: E204 ROCHESTER NY 14607 — PHONE:

BUSINESS EMERGENCY ADDRESS: — PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	BUSINESS NO LONGER OCCUPYING				
	SPACE IN DWELLING				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	R17	3	3	06/01/01

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

BUILDING INSPECTION / COMPLAINT FORM

COMPANY: R17

INSPECTION # 01 - 06232

ADDRESS: GOODMAN ST N 274

FROM / TO

TAX ACCT #

PROPERTY OWNER | ADDRESS | PHONE

CITY | STATE | ZIP 000-0000

MAILING NAME | ADDRESS | PHONE

CITY | STATE | ZIP

EMERGENCY CONTACT | ADDRESS | PHONE

CITY | STATE | ZIP 000-0000

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: CALIFORNIA ROLLIN SUSHI BAR ~~GARLIC PIT~~ B17 ~~242-81~~ PHONE

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY

ADDRESS

PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	BUSINESS NO LONGER OCCUPYING				
	SPACE IN THIS DWELLING				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
D. S. MURRAY	R17	3	3	06/01/01
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

INSPECTION # 01 - 06257

COMPANY R17

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT # 005000-03 0

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 274 N GOODMAN ST
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN ADDRESS 40 EVANDALE RD PHONE 461-9867
CITY ROCHESTER STATE NY ZIP 14610

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	54	543	2	2

NO ENTRY DATES:

BUSINESS NAME SWEET BOUTIQUE THE PHONE
BUSINESS OWNER GAIL KRAVETZ
ADDRESS 274 N GOODMAN ST D-106 ROCHESTER NY14607
PHONE 244 5701
BUSINESS EMERGENCY GAIL KRAVETZ
ADDRESS 14 SOUTH AVE FAIRPORT NY14450
PHONE 223 3449

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	BUSINESS NO LONGER OCCUPYING				
	SPACE IN BUILDING				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	R17	3	3	06/01/01
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY: R17

INSPECTION #: 01 - 06261

ADDRESS: GOODMAN ST N 274 | FROM / TO | TAX ACCT #

PROPERTY OWNER: GARY I STERN | ADDRESS: 274 N GOODMAN ST | PHONE: 442-9061
CITY: ROCHESTER | STATE: NY | ZIP: 14607

MAILING NAME | ADDRESS | PHONE
CITY | STATE | ZIP

EMERGENCY CONTACT: GARY I STERN | ADDRESS: 46 EVANDALE RD | PHONE: 461-9867
CITY: ROCHESTER | STATE: NY | ZIP: 14610

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	58	585	2	2

NO ENTRY DATES:

BUSINESS NAME: VILLAGE GATE SQUARE | PHONE
BUSINESS OWNER
ADDRESS | PHONE
BUSINESS EMERGENCY
ADDRESS | PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☑ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
F.F. KEVIN M. BILLS	R17	3	3	6/1/01
BUS/PROP REPRESENTATIVE: José A. Nieves Jr.	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY R17

INSPECTION # 01 - 06254

ADDRESS: GOODMAN ST N 274 — FROM / TO — TAX ACCT #: 005000-05 0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 481-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14610

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51		2	2

NO ENTRY DATES:

BUSINESS NAME: ROCHESTER TAI CHI CENTER — PHONE:
BUSINESS OWNER: WILLIAM YEAGER
ADDRESS: 274 N GOODMAN ST A404 ROCHESTER NY 14607 — PHONE: 244 4640
BUSINESS EMERGENCY: WILLIAM YEAGER
ADDRESS: 549 TURTLE ROCK ROCHESTER NY 14617 — PHONE: 266 8823

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	BUSINESS NO LONGER OCCUPYING				
	SPACE IN DWELLING.				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	R17	3	3	06/01/01
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 01 - 06255

COMPANY: R17

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03-0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
CITY: ROCHESTER	STATE: NY	ZIP: 14607

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
CITY: ROCHESTER	STATE: NY	ZIP: 14607

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
CITY: ROCHESTER	STATE: NY	ZIP: 14610

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	54	441	2	3

NO ENTRY DATES:

BUSINESS NAME: SALINA'S MEXICAN RESTAURA — PHONE:
BUSINESS OWNER: ALBERT DEBLICK
ADDRESS: 274 N GOODMAN ST — PHONE:
BUSINESS EMERGENCY: ALBERT DEBLICK
ADDRESS: 70 QUENTIN RD ROCHESTER NY14609 — PHONE: ~~244-9942~~ 750-0750

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☐ ☒ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☒ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. KEVIN M. BILLS	R-17	3	3	5/9/01
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/01

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 05/01/01

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

02-05047	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 50

CITY OF
ROCHESTER, NY
CITY CLERK'S OFFICE

1	Fire Prev	$50.00
	TOTAL	$50.00
	CASH	$0.00
	CHECK	$50.00
	CHANGE	$0.00
	# ITEM	1

05/08/2001 11:59:41 AM

Receipt #: 10810
Control #: 162

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 05/31/02

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

02-05047	PERMIT NUMBER
05/01/01	INVOICE DATE
06/01/01	DUE DATE
$ 50	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN STREET
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 03/26/01

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

MONROE REPROGRAPHICS INC
274 GOODMAN ST N

02-04053	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10A	FLAMMABLE LQD STORAGE CLS I	$ 50
5412B10B	CMBSTBLE LQD STORAGE CLS II,III	$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	$ 50
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 60

CITY OF
ROCHESTER, NY
CITY CLERK'S OFFICE

1 Fire Prev $210.00

TOTAL $210.00

CASH $0.00
CHECK $210.00

CHANGE $0.00

ITEM 1

04/09/2001 12:03:19 PM

Receipt #: 7089
Control #: 141

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

02-04053	PERMIT NUMBER
03/26/01	INVOICE DATE
04/26/01	DUE DATE
$ 210	AMOUNT DUE

MONROE REPROGRAPHICS INC
274 GOODMAN ST N
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: FEB 27 2001

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPEC
		11:30AM						Village GATE		
3/21	2:30	GARY STERN		X				SPRINKLER REPORT DUE MAILED NOTICE REG. MAIL		ROBB
4/24	–	SPRINKLER REPORT RECEIVED.		X			–	NOTED VIOLATIONS – CHECK MAILED REG. MAIL 4/26 MAY 11	–	ROBB
5/24	–	10:30AM VICE MAIL – LEFT MESSAGE TO CALL ME. 5/29							–	ROBB
5/30	–	GARY STERN					X	→ CALL → 6/13		
6/13		10:05 LEFT MESSAGE						ALARM REPAIRED – TOTAL – RE-VAMPING SPRINKLER SYSTEM		
							–	REQUESTED ME TO STOP BY AN CHECK PROGRESS (CALL FIRST)		ROBB
6/20	2:20 PM	MICHAEL STERN					X	CHECK W/ SPRINKLER CO.		
7/5	–	FAX RECEIVED ALARM FOR SPRINKLER SYSTEM REPAIRED							OK	ROBB

Owner's Name

Home Addresss & Zip

Home Phone #

POSTED OCCUPANCY #

Y	N	
☑	☐	SPRINKLER SYSTEM
☐	☐	COOKING HOOD SYSTEM
☑	☐	FIRE ALARM SYSTEM
☐	☐	STANDPIPE SYSTEM
☐	☐	COOKING SYSTEM
☐	☐	BARS/WIRE ON WINDOWS

FILE

INSPECTION REPORT PERMIT MONTH: MAY 2001

INSPECTION DATE: 3-21-2001

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN STREET
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: 442-9061 APPOINTMENT: (Y/N) ____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	50	05952	ACETYLENE/FLAMMABLE GAS USAGE

DATE VIOLATIONS ISSUED: _____ 20 ____ CORRECTED: _____ 20 ____

DATE OF APPROVAL FOR PERMIT: 3-21 20 01 SIGNATURE: R. Salerno

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 20 ____ DATE EXPIRED: _____ 20 ____

PERMIT NUMBER: _____ FEE REQD: _____

City of Rochester Fire Department
Fire Safety Division
150 Plymouth Avenue S.
Room 300
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

GARY STERN
STERN REALTY + MANAGEMENT Co.
NAME

Date 3-21-2001

274 N. GOODMAN ST
ADDRESS

ROCHESTER N.Y 14607
CITY, STATE, ZIP

Inspection of the premises located at 274 N. GOODMAN ST reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for ~~immediate~~ **correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1) FAILURE TO PROVIDE A CURRENT SPRINKLER REPORT –
(CODE - NFPA 25 1-8)
(REPORT DUE ON OR BEFORE 4/27/01)

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal ROBB SALERNO

DATE OF COMPLIANCE 4/24/01

Fire Marshal R. Salerno.

FD 506

Form for Inspection, Testing and Maintenance of Fire Sprinkler Systems

NATIONAL FIRE SPRINKLER ASSOCIATION, INC.

Information on this form covers the minimum requirements of NFPA 25-1998 for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: STERN REALTY Owner's Phone Number: 442-9061

Owner's Address: 274 N. GOODMAN ST.

Property Being Inspected: VILLAGE GATE SQUARE

Property Address: SAME AS ABOVE

Date of Inspection: 4/17/01 All responses refer to the current inspection performed on this date.

This inspection is (*check one*): ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☒ Annual ☐ Third Year ☐ Fifth Year

Notes: 1) All questions are to be answered *Yes, No,* or *Not Applicable.* All "No" answers are to be explained in the comments portion of this form.
2) Inspection, Testing and Maintenance are to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 11 of NFPA 25 are followed.

Part I - Owner's Section

A. Is the building occupied? ☒ Yes ☐ No ☐ N/A

B. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ Yes ☐ No ☐ N/A

C. Are all fire protection systems in service? ☒ Yes ☐ No ☐ N/A

D. Has the system remained in service without modification since the last inspection? ☒ Yes ☐ No ☐ N/A

E. Was the system free of actuations, devices or alarms since the last inspection? ☒ Yes ☐ No ☐ N/A

JOSE NIEVES — 4/17/01

Owner or Representative (print name) — Signature and Date

Part II - Inspector's Section

A. Inspections

1. Daily, or weekly if low temperature alarms are installed

Enclosures around dry-pipe, preaction or deluge valves maintaining a minimum of 40° F? ☐ Yes ☐ No ☒ N/A

2. Weekly Inspection Item

Relief port on reduced pressure backflow assemblies free of continuous discharge? ☐ Yes ☐ No ☒ N/A

3. Weekly inspection items which can be performed monthly if the items are electrically supervised or secured with locks

A. Gauges on dry, preaction and deluge systems in good condition and showing normal air and water pressure? ☐ Yes ☐ No ☒ N/A

B. Control valves and isolation valves on backflow preventers:

1. In correct (open or closed) position? ☒ Yes ☐ No ☐ N/A
2. Sealed, locked or supervised & accessible? ☒ Yes ☐ No ☐ N/A

4. Monthly Inspection Items (in addition to above items)

A. Preaction and Deluge Valves:

Free from physical damage, trim valves in appropriate (open or closed) position, no leakage from valve seat, and all electrical components in service? ☐ Yes ☐ No ☒ N/A

B. Dry-Pipe Valves:

Free from physical damage, trim valves in appropriate (open or closed) position, and no leakage from intermediate chamber? ☐ Yes ☐ No ☒ N/A

C. Sprinkler wrench with spare sprinklers? ☒ Yes ☐ No ☐ N/A

D. Gauges on wet-pipe system in good condition and showing normal water supply pressure? ☒ Yes ☐ No ☐ N/A

E. Alarm Valves:

Gauges show normal supply water pressure, free from physical damage, valves in correct (open or closed) position and no leakage from retarding chamber or drains? ☒ Yes ☐ No ☐ N/A

5. Quarterly Inspection Items (in addition to above items)

A. Pressure Reducing Valves:

In open position, not leaking, maintaining downstream pressure per design criteria, and in good condition with handwheels not broken? ☐ Yes ☐ No ☒ N/A

5. Quarterly Inspection Items (Continued)

B. Fire Department Connections:

Visible, accessible, couplings and swivels not damaged and rotate smoothly, plugs or caps in place and undamaged, gaskets in place and in good condition, identification sign(s) in place, check valve is not leaking, and automatic drain valve in place and operating properly? ☒ Yes ☐ No ☐ N/A

(Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range.)

C. Alarm devices free from physical damage? ☐ Yes ☒ No ☐ N/A

D. Hydraulic nameplate, if provided, securely attached to riser and legible? ☐ Yes ☐ No ☒ N/A

6. Annual Inspection Items (in addition to above items)

A. Proper number and type of spare sprinklers? ☒ Yes ☐ No ☐ N/A

B. Visible sprinklers:

1. Free of corrosion? ☒ Yes ☐ No ☐ N/A
2. Free of obstructions to spray patterns? ☒ Yes ☐ No ☐ N/A
3. Free of foreign materials including paint? ☒ Yes ☐ No ☐ N/A
4. Free of physical damage? ☒ Yes ☐ No ☐ N/A

C. Visible pipe:

1. In good condition? ☒ Yes ☐ No ☐ N/A
2. Free of mechanical damage and not leaking? ☒ Yes ☐ No ☐ N/A
3. No external corrosion? ☒ Yes ☐ No ☐ N/A
4. Properly aligned and no external loads? ☒ Yes ☐ No ☐ N/A

D. Visible pipe hangers and seismic braces not damaged or loose? ☒ Yes ☐ No ☐ N/A

E. Hose, hose couplings and nozzles on sprinkler system passed inspection in accordance with NFPA 1962? ☐ Yes ☐ No ☒ N/A

F. Must be done before cold weather

1. Adequate heat in areas with wet piping? ☒ Yes ☐ No ☐ N/A
2. Low temperature alarms in dry-pipe, preaction and deluge valve enclosures functioning? ☐ Yes ☐ No ☒ N/A
3. Interior of pipe in preaction and dry-pipe systems which passes through freezers free of ice blockage? ☐ Yes ☐ No ☒ N/A

7. Annual, or every fifth year for valves which can be reset without opening:

Interior of dry-pipe, preaction and deluge valves passed internal inspection? ☐ Yes ☐ No ☒ N/A

8. Fifth Year Inspection Items (in addition to above items)

A. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? ☒ Yes ☐ No ☐ N/A

B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? ☐ Yes ☐ No ☒ N/A

C. Strainers, filters, restricted orifices and diaphragm chambers on dry-pipe, preaction and deluge valves passed internal inspection? ☐ Yes ☐ No ☒ N/A

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B. Testing

The following tests are to be performed at the noted intervals. Report any failures on Part III of this form.

1. Quarterly Tests

A. Waterflow alarm devices passed tests by opening the inspector's test connection or bypass connection with alarms actuating and flow observed? ☐ Yes ☑ No ☐ N/A

B. Post indicating valves opened until spring or torsion is felt in the rod, then closed back one-quarter turn? ☐ Yes ☐ No ☑ N/A

C. Dry-pipe and preaction systems:

1. Priming water level correct? ☐ Yes ☐ No ☑ N/A
2. Low air pressure signal passed test? ☐ Yes ☐ No ☑ N/A

D. Quick opening devices passed test? ☐ Yes ☐ No ☑ N/A

2. Semiannual Test (in addition to previous items)

Valve supervisory switches indicate movement? ☐ Yes ☐ No ☑ N/A

3. Annual Tests (in addition to previous items)

A. Main drain test: SEE COMMENTS

1. Record Static Pressure____ psi and Residual Pressure_____psi.
2. Was flow observed? ☑ Yes ☐ No ☐ N/A
3. Are results comparable to previous test? ☐ Yes ☐ No ☑ N/A

B. Are all sprinklers dated 1920 or later? ☑ Yes ☐ No ☐ N/A

C. Sprinklers with fast response operating elements 20 or more years old passed test or tested within last 10 years? ☐ Yes ☐ No ☑ N/A

D. Standard response sprinklers 50 or more years old passed test or tested within last 10 years? ☐ Yes ☐ No ☑ N/A

E. Standard response sprinklers 75 or more years old passed test or tested within last 5 years? ☐ Yes ☐ No ☑ N/A

F. Specific gravity of antifreeze correct? ☐ Yes ☐ No ☑ N/A

G. All control valves operated through full range and returned to normal position? ☑ Yes ☐ No ☐ N/A

H. Low temperature alarms in dry-pipe, preaction and deluge valve enclosures passed test? ☐ Yes ☐ No ☑ N/A

I. Preaction and deluge valve full flow trip test: (Not required where water can't be discharged)

(Test all systems together which will operate simultaneously.)

1. Discharge from all nozzles unimpeded? ☐ Yes ☐ No ☑ N/A
2. Pressure reading at hydraulically most remote nozzle_____ psi.
3. Residual pressure reading at valve_____ psi.
4. Above readings comparable to design values? ☐ Yes ☐ No ☑ N/A
5. Manual activation devices passed test? ☐ Yes ☐ No ☑ N/A

J. Dry-pipe valve partial flow trip test:

1. Record initial air pressure_____ psi and water pressure_____psi.
2. Record tripping air pressure_____psi and tripping time ___(sec.).
3. Above results comparable to previous tests? ☐ Yes ☐ No ☑ N/A

K. Automatic air maintenance devices on dry-pipe and preaction systems passed test? ☐ Yes ☐ No ☑ N/A

L. Backflow devices passed backflow test? ☐ Yes ☐ No ☑ N/A

M. Backflow devices passed full flow test? ☐ Yes ☐ No ☑ N/A

N. Pressure reducing valves passed partial flow test? ☐ Yes ☐ No ☑ N/A

4. Tests to be done every third year:

A. Dry-pipe full flow trip test:

1. Record initial air pressure_____ psi and water pressure_____ psi.
2. Record tripping air pressure_____psi and tripping time____(sec.).
3. Record water delivery time_____ (min.)_____ (sec).

Water delivery time not required to be 60 sec. per NFPA 25

4. Above results comparable to previous tests? ☐ Yes ☐ No ☑ N/A

B. Hose (more than 5 years old) connected to the system has been service tested in accordance with NFPA 1962. Water discharged and water flow alarms operated? ☐ Yes ☐ No ☑ N/A

5. Tests to be done every fifth year.

A. Sprinklers rated above High temperature tested? ☐ Yes ☐ No ☑ N/A

B. Gages checked by calibrated gage or replaced? ☐ Yes ☐ No ☑ N/A

C. Pressure reducing valves passed full flow test? ☐ Yes ☐ No ☑ N/A

C. Maintenance

1. Regular Maintenance Items

A. If sprinklers have been replaced, were they proper replacements? ☑ Yes ☐ No ☐ N/A

B. Air leaks in dry-pipe system resulting in air pressure loss more than 10 psi/week repaired? ☐ Yes ☐ No ☑ N/A

C. Dry-pipe systems maintained in dry condition? ☐ Yes ☐ No ☑ N/A

D. Used hose was cleaned, drained and dried before being placed back in service? Hose exposed to hazardous materials was disposed of or decontaminated in an approved manner? ☐ Yes ☐ No ☑ N/A

E. Systems normally filled with fresh water were drained and refilled twice if raw water got into the system? ☐ Yes ☐ No ☑ N/A

F. If any of the following were discovered, was an obstruction investigation conducted and the system flushed? ☐ Yes ☐ No ☑ N/A

Explain reason(s) and obstruction investigation findings in Part III

1. Defective intake screen on pump with suction from open sources.
2. Obstructive material discharged during waterflow tests.
3. Foreign materials found in dry-pipe valves, check valves or pumps.
4. Heavy discoloration of water during drain test or plugging of inspector's test connection.
5. Plugging of pipe or sprinklers found during activation or alteration.
6. Failure to flush yard piping or surrounding public mains following new installation or repairs.
7. Record of broken mains in the vicinity.
8. Abnormally frequent false-tripping of dry-pipe valves.
9. System is returned to service after an extended period out of service (greater than one year).
10. There is reason to believe the system contains sodium silicate or its derivatives.

2. Annual Maintenance Items (in addition to previous items)

A. Operating stem of all OS&Y valves lubricated, completely closed, and reopened? ☑ Yes ☐ No ☐ N/A

B. Interior of dry-pipe, preaction and deluge valves cleaned? ☐ Yes ☐ No ☑ N/A

C. Low points drained in dry-pipe, preaction and deluge systems prior to the onset of freezing weather? ☐ Yes ☐ No ☑ N/A

D. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? ☐ Yes ☐ No ☑ N/A

Part III - Comments (Any "No" answers, test failures or other problems found with the sprinkler system must be explained here.)

MAIN DRAIN TEST (2" DRAIN)

RISER # 2	PRESSURE BEFORE	DURING	AFTER	ALARM
	60 PSI	38 PSI	52 PSI	N/A
RISER # 4	66 lbs	55	60	1 min 20 sec
RISER # 5 (Holley)	110	110	110	[illegible]
RISER 8	55	50	55	1 min 20 sec
# 9	55	55	60	1.39
# 6 (Holley)	110	90	110	N/A
# 7 (Holley)	~~90~~ 110	~~100~~ 95	110	N/A
# 3	55	50	55	1.28
# 2	55	45	55	N/A

Part IV - Inspector's Information

Inspector: [illegible] Company: TOWN & CT.

Company's Address: 322 COTTAGE ST.

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: [illegible] Date: 4/17/01

License or Certification Number (if applicable):

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* RISER # 5 ALARM FAILED TO FUNCTION SHOWED TROUBLE NEEDS TO BE CORRECTED. NO INTERNAL PIPE INSPECTION. DUE DATE [illegible]

HARRY DAUSCH (Plumbing)
370-5071 Sprinklers.

City of Rochester Fire Department
Fire Safety Division
150 Plymouth Avenue S.
Room 300
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Stern Realty
NAME

Date 4/25-2001

274 N. Goodman St
ADDRESS

Rochester N.Y. 14607
CITY, STATE, ZIP

Inspection of the premises located at 274 N. Goodman St reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

OK

1) Alarm Devices (Riser #5) not functioning and have been noted (per inspection report) to be physicaly damaged.
7/5/01 (1163.13(A) - NFPA 2-2.6 - NFPA 1-11.1)

2) Obstruction Inupstigation Due.
(1163.13(A) - NFPA 10-2.3, Table 2-1)
N/A

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal Robb Salerno

DATE OF COMPLIANCE 7/5/01

Fire Marshal R. Salerno

FD 506

SHIELD ALARM SYSTEMS
967 Five Mile Line Road • Webster, New York 14580 • Phone (716) 671-0996

JUNE 30, 2001

VILLAGE GATE SQUARE
ATT: GARY STERN
274 N. GOODMAN STREET
ROCHESTER, NY 14607

DEAR GARY:

THIS LETTER IS TO INFORM YOU THAT THE REPAIR WORK ON RISER #5 IN BUILDING 274 HAS BEEN COMPLETED, ALONG WITH PIV VALVE #5. THEY HAVE BOTH BEEN TESTED AND ARE FUNCTIONING PROPERLY.

IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT ME.

SINCERELY,

GARY J. BLASCHEK
SHIELD ALARM SYSTEMS, INC.
GJB/JAB

FD570

FIRE SAFETY INSPECTION RECORD

☒ LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: JAN 19 2001

A-1

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPEC
1/24/01									✓	✓

Owner's Name

Home Addresss & Zip

Home Phone #

POSTED OCCUPANCY #

Y	N	
☐	☐	SPRINKLER SYSTEM
☐	☐	COOKING HOOD SYSTEM
☐	☐	FIRE ALARM SYSTEM
☐	☐	STANDPIPE SYSTEM
☐	☐	COOKING SYSTEM
☐	☐	BARS/WIRE ON WINDOWS

CLS1080

Date Printed: January 19, 2001

City of Rochester

City Code License - Second Hand Dealer, Chpt 96

For Application#: 114

Current Status/Date: **01/17/2001 V - Wait CZC**

Issue Date: Start Date: Expiration Date:

General Comments:

License Fee: **$75.00** Last Chgd: **01/18/2001 bernhrdt**

Applicant: **Ricky Sands** Residence: **195 Wimbledon Rd**

DOB: **06/20/1934** Home Phone: **(716) 544-0009** City, State, Zip: **Rochester, NY 14617**

Business Name: **Ricky's Place** Business Phone **(716) 442-0042**

Business Name:

Activity: **new & secondhand jewelry and clothes**

City Address: **274 Goodman St N.** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**

NON City Address: City, State, Zip:

Owner Property: **gary stern** Residence: **40 evandale rd 40 evandale rd**

DOB: **05/08/1943** Home Phone: **(716) 442-9061** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**

Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**

# of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**

S.O.B License Type: **0** Dancing Allowed: **No**

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **1/17/2001** Reviewer:

3 Game Limit? **No** Over 2400 sq ft? **No**

CZC not Extendable for NEXT License Renewal: CZC Status Date:

Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No /**

Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**

Status / Date: **1/18/2001** Reviewer: **bernhrdt**

Activity Code: **2**

Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: **1/17/2001** Reviewer:

Occupancy: Cart Inspection Date: Approved: **No**

Comments: 1/24/01

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**

Status / Date: Reviewer:

Comments:

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

BUILDING INSPECTION / COMPLAINT FORM

COMPANY A01

INSPECTION # 00 - 01318

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY I STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: ADDRESS: PHONE:
CITY: STATE: ZIP:

EMERGENCY CONTACT: GARY I STERN ADDRESS: 40 EVANDALE RD PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	58	585	2	2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME: VILLAGE GATE SQUARE PHONE:
BUSINESS OWNER:
ADDRESS: PHONE:
BUSINESS EMERGENCY:
ADDRESS: PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☑ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F. KEVIN M. BILLS	A1	3	3	12/1/00.
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

ALARM TEST

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. Goodman St

Person contacted: GARY STERN Telephone #: 442-9061

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	PMHP (OLD AVALON) NOTES	OK TO FILE	INSPECTOR
11-27-00	16:30							Primary Mental Health		
11-28-00	2:00							Project -	X	[illegible]
								ADD (5) STROBE IN		
								CONFERENCE RM - STROBE		
								(2) ~~Large~~ RM PRODUCTION -	AV	
								~~[illegible] STROBE~~		
								(3) ~~Break RM~~ GENERAL OFFICE -	AV	
								(4.) Kitchen - STROBE		
								(5) Accounting RM opposite	AV	
								* EOR - DONE		

SHIELD ALARM SYSTEMS, INC.
967 FIVE MILE LINE ROAD
WEBSTER, NY 14580-2527
PHONE 671-0996 FAX 787-1556

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION	PROPERTY NAME (User)
Name: SHIELD ALARM SYSTEMS, INC	Name: VILLAGE GATE / STATE MEDICAL
Addr: 967 FIVE MILE LINE ROAD	Addr: 274 GOODMAN ST
City, State: WEBSTER, NY 14580	City, State: ROCHESTER
Representative: GARY J BLASCHEK	Owner Contact: GARY STERN
License #: 12000202607	Telephone: 442-9061
Telephone: 716-671-0996	

MONITORING ENTITY	APPROVING AGENCY
Contact: DOYLE	Contact:
Telephone: –	Telephone:
Monitoring Account Ref. No.: –	

	TYPE TRANSMISION		SERVICE
	McCulloh		Weekly
	Multiplex		Monthly
X	Digital		Quarterly
	Reverse Priority	X	Semi-Annually
	Radio Frequency		Annually
	Other (specify)		Other (specify)

PANEL MANUFACTURER: SIMPLEX Model #: 4950
Circuit Styles: A+B Number of Circuits: 10
Software Rev.: N/A Last system service performed: 9/00
Last software or configuration revision: N/A

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QTY	CIRCUIT STYLE		SPECIAL TESTING INFORMATION
2		MANUAL STATIONS	
–		ION DETECTORS	FUNCTIONED
–		PHOTO DETECTORS	
–		DUCT DETECTORS	OK
–		HEAT DETECTORS	
–		WATERFLOW SWITCHES	
–		SUPERVISORY SWITCHES	
		OTHER:	

ALARM INDICATING DEVICES AND CIRCUIT INFORMATION

QTY	CIRCUIT STYLE		SPECIAL TESTING INFOMATION
–		BELLS	
8		HORNS	ALL RESPONDED
–		CHIMES	TO ALARM
4		STROBES	
–		SPEAKERS	
–		OTHER:	
12	TOTAL NUMBER OF ALARM INDICATING CIRCUITS		YES / NO — ARE CIRCUITS SUPERVISED?

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY	CIRCUIT STYLE		COMMENTS
		Building Temp.	
		Site Water Temp.	
		Site Water Level	
		Fire Pump Power	
		Fire Pump Running	
		Fire Pump Auto Position	
N/A		Fire Pump or Pump Controller Trouble	
		Generator Running	
		Generator in Auto Position	
		Generator or Generator Controller TBL	
		Switch Transfer	
		Other:	

SIGNALING LINE CIRCUITS See NFPA 72 table 3-6.1 QTY: 2 Style(s): B

SYSTEM POWER SUPPLIES

a) **Primary** (Main): Nominal Voltage 112, Amps 15
Overcurrent Protection: Type CB, Amps 15
Location (Panel Number) — Circuit Number —
Disconnecting (Means) Location: —

b) **Secondary** (Standby):
2 Storage Battery: Amp-hr rating 20
Calculated capacity to operate system, in hours: X 24 ___ 60
N/A Engine-driven generator dedicated to fire alarm system:
Location of fuel storage: N/A
Type Battery ___ Dry Cell ___ Nickel Cadmium ___ Sealed Lead-Acid ___ Lead-Acid
✓ Other (specify): GEL - CELL

c) **Emergency or Standby system used as a backup to primary power supply, instead of using a secondary power supply:**
___ Emergency system described in NFPA 70, Article 700
N/A Legally required standby described in NFPA 70, Article 701
___ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY AND ALL TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
Monitoring Entity	X		DOYLE	10 AM
Building Occupants		X	NO ONE THERE	—
Building Management	X		GARY STERN	9:30
Other (specify)	N/A			
AHJ (Notified) of any impairments	N/A			

SYSTEM TEST AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	✓	✓	
Interface Equip.	N/A	N/A	
Lamps/LEDs	✓	✓	
Fuses	✓	✓	
Primary Power Supply	✓	✓	
Disconnect Switches	✓	✓	
Ground Fault Monitoring	N/A		

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	✓		
Load Voltage			26.2
Discharge Test			23.7
Charge Test			26.5
Specific Gravity		N/A	

Transient Suppressors	N/A		
Remote Annunciators	N/A		
Notification Appliances			
Audible	8	✓	
Visual	4	✓	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TEST AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
D) Pull Station	Pull	✓	✓	✓	N/A	N/A	✓	

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set			
Phone Jacks			
Off-Hook Indicator			
Amplifier(s)	N/A		
Tone Generator(s)			
Call in Signal			
System Performance			

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
N/A			
SPECIAL HAZARD SYSTEMS			
N/A			

SPECIAL PROCEDURES:

COMMENTS:

ON/OFF PREMISES MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	✓		945	
Alarm Restoral	✓		945	
Trouble Signal	✓		945	
Trouble Restoral	✓		945	
Supervisory Signal	✓		945	
Supervisory Restoral	✓		945	

NOTIFICATIONS THAT TESTING IS COMPLETE

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
Monitoring Entity	✓			
Building Occupants		✓		
Building Management	✓			
Other (specify)				
AHJ (Notified) of any impairments				

The following did not operate correctly: N/A

Who was notified of the above indicated operation problem:

_____ AHJ his/her Name: _____
_____ Owner his/her Name: _____
_____ Building Engineer his/her Name: N/A
_____ Service Company Supervisor his/her Name: _____
_____ Other his/her Name: _____
Title: _____

SYSTEM RESTORED TO NORMAL OPERATION:

Date 11/24/00 Time: 10:15 By: GARY BLASCHEK

Signature: Gary J Blaschek

This testing was performed in accordance with applicable NFPA Standards.

Print Name of Inspector: GARY BLASCHEK Date: 10/24/00

Signature of Inspector: Gary J Blaschek Time: 9:15

Name of Owner or Representative: _____ Date: _____

Signature of Owner or Rep.: _____ Time: _____

SHIELD ALARM SYSTEMS, INC.
967 FIVE MILE LINE ROAD
WEBSTER, NY 14580-2527
PHONE 671-0996 FAX 787-1556

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION	PROPERTY NAME (User)
Name: SHIELD ALARM SYSTEMS INC.	Name: VILLAGE GATE / ENGINEERING
Addr: 967 FIVE MILE LINE ROAD	Addr: 274 GOODMAN ST
City, State: WEBSTER, NY 14580	City, State: ROCHESTER, NY
Representative: GARY J BLASCHEK	Owner Contact: GARY STERN
License #: 12000202607	Telephone: 442-9061
Telephone 716-671-0996	

MONITORING ENTITY	APPROVING AGENCY
Contact: DOYLE	Contact:
Telephone: –	Telephone:
Monitoring Account Ref. No.: –	

	TYPE TRANSMISION		SERVICE
	McCulloh		Weekly
	Multiplex		Monthly
X	Digital		Quarterly
	Reverse Priority	X	Semi-Annually
	Radio Frequency		Anmually
	Other (specify)		Other (specify)

PANEL MANUFACTURER: SIMPLEX Model #: 4950
Circuit Styles: A & B Number of Circuits: 10
Software Rev.: N/A Last system service performed: 9/00
Last software or configuration revision: N/A

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QTY	CIRCUIT STYLE		SPECIAL TESTING INFORMATION
N/A		MANUAL STATIONS	
		ION DETECTORS	
		PHOTO DETECTORS	
		DUCT DETECTORS	
		HEAT DETECTORS	
		WATERFLOW SWITCHES	
		SUPERVISORY SWITCHES	
		OTHER:	

ALARM INDICATING DEVICES AND CIRCUIT INFORMATION

QTY	CIRCUIT STYLE		SPECIAL TESTING INFOMATION
–		BELLS	ALL FUNCTIONS RESPONDED TO ALARM
1		HORNS	
–		CHIMES	
–		STROBES	
–		SPEAKERS	
–		OTHER:	
–			
1	TOTAL NUMBER OF ALARM INDICATING CIRCUITS		YES / NO ARE CIRCUITS SUPERVISED?

City of Rochester

Fire Safety Division
Fire Department

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037
(716) 428-6069 Fax

DATE: Nov 28, 2000

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the ALARM TEST

at the premises located at Primary Mental Health Project (PMHP)
274 N. Goodman St

No violations were noted.

Sincerely,

Code Enforcement Officer
(716) 428-7037

(alrmtest)

City of Rochester

Fire Safety Division
Fire Department

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037
(716) 428-6069 Fax

DATE: NOV 28, 2000

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the ALARM TEST

at the premises located at EOR - 274 N. GOODMAN ST.

No violations were noted.

Sincerely,

Code Enforcement Officer
(716) 428-7037

(alrmtest)

FD570

FIRE SAFETY INSPECTION RECORD

Village Gate.

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION 274 N. GOODMAN ST #C-253

DATE RECEIVED IN FIRE SAFETY: NOV 2 2000

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
11/6/00							X	Room	X	AL

FILE

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

U

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

INSPECTION # 11563

COMPANY
ADDRESS
FROM / TO 274 N Goodman St
TAX ACCT #

PROPERTY OWNER
ADDRESS
PHONE

CITY
STATE
ZIP

MAILING NAME
ADDRESS
PHONE

CITY
STATE
ZIP

EMERGENCY CONTACT
ADDRESS
PHONE

CITY
STATE
ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME Cab Co. Dispatch PHONE
BUSINESS OWNER
ADDRESS Suite C 253
PHONE
BUSINESS EMERGENCY ADDRESS Village Gate
PHONE 546-3333

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	1163.11e Extension Cord in place of Permanent Wiring.			✓	
	Removed				
	Inc # 0022279				

DISPOSITION by FIRE SAFETY:

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Capt Peterson	Q4		2	10-27-00
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE
FIRE SAFETY INSPECTOR:				DATE 11/6/00

COPY TO FIRE SAFETY

RFD 501 REV. 12/90

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM

Incident#: 0022279 | Box#: | Node#: 33014 | Address Number: 274 | Street: Goodman | Type: St | Dir: N

Date Mo Da Yr: 102700 | Day of Week: 6 | Weather Cond: 1 | Temp: 4 | Alarm Type: 1 | Gov't Bldg: | Apt. Number:

TIMES

FIRST ALARM

Time of Alarm: 21:41 | On location Engine: 21:45 | On location Quint/Midi: 21:45 | On location B/C: 21:46 | Under Control: : | In service: 22:02

EXTRA UNITS

Time of Alarm: 21:43 | On location Engine: : | On location Quint/Midi: : | Time of Alarm: : | On location Engine: : | On location Quint/Midi: :

SECOND ALARM

Time of Alarm: : | On location Engine: : | On location Quint/Midi: : | On location Ambulance: :

RESPONSE

FIRST ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
Q04	W	M04	W	Q07	W	M07	W	E17	~~R~~	BC3	W				

EXTRA UNITS SENT

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
A01	R														

MULTIPLE ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

DESCRIPTION OF FIRE

INC TYPE: 44 ~~53~~ | Type Const: | Stories: | Specific Property Use: | Mobile Prop Type: | Area of Org.: | Equip Involved: | Form of Heat Ign: | Form Mat'l: | Type Mat'l: | Ign Factor: | Working Fire: | Struc Dmg:

Year: | Make: | Model: | Vin Number:

Fire Extended to: _____ Ext of Flame Dmg:

OWNER/OCCUPANT

OWNER FIRST NAME: | OWNER LAST NAME:

OWNER ADDRESS NUMBER: | STREET: | Type: | Dir: | CITY: | STATE: | ZIP:

OCCUPANT FIRST NAME: | OCCUPANT LAST NAME:

COMBAT

NUMBER USED 1 3/4"	2"	3"	MS	OXY	PORT ABLE	FOAM	SPKLR	STAND PIPE	HYD PRESS	HYD COND	SMOKE DET	ENTRY

AFTERMATH

DOLLAR LOSS OF PROPERTY: | NUMBER OF RESCUES: | INJURED CIV: FF: | DEAD CIV: FF:

REFERRED TO: [X] FIRE SAFETY [ ] FIRE INVESTIGATION [ ] HAZ MAT

REMARKS: Smoke From Time Clock. Clock unplugged
RFD 501# 11563
Suite 253C - Cab Co. Dispatch office

RANK: Capt | INIT: B | Peterson | GRP BATT: 2 | CPY: Q043 | SIGNED: Capt Peterson

RFD 101 REV 3/2000

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 00 - 01298

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES:

BUSINESS NAME COMICS ETC PHONE
BUSINESS OWNER ANDY BATTAGLIA
ADDRESS B114 ROCHESTER NY14607
PHONE 473 7150
BUSINESS EMERGENCY ANDY BATTAGLIA
ADDRESS 155 FLOVERTON ST ROCHESTER NY14610
PHONE 654 8262

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☑ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☑ ☐ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
L. S. MURRAY	A1	3	3	09/08/00

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY A01 INSPECTION # 00 - 01312

ADDRESS GOODMAN ST N 274 FROM / TO TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 274 N GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN ADDRESS 40 EVANDALE RD PHONE 481-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME ROCHESTER TAI CHI CENTER PHONE

BUSINESS OWNER WILLIAM YEAGER

ADDRESS 274 N GOODMAN ST A404 ROCHESTER NY14607

PHONE 244 4640

BUSINESS EMERGENCY WILLIAM YEAGER

ADDRESS 549 TURTLE ROCK ROCHESTER NY14617

PHONE 266 8423

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	NO LONGER OPERATING				
	AT THIS LOCATION				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. J. MURRAY	A1	3	3	09/08/00
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY A01

INSPECTION # 00 - 01289

ADDRESS: GOODMAN ST N FROM / TO: 274 TAX ACCT #:

PROPERTY OWNER: GARY STERN ADDRESS: 274 N GOODMAN ST PHONE: 442-9061

CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: ADDRESS: PHONE:

CITY: STATE: ZIP:

EMERGENCY CONTACT: ADDRESS: PHONE: 000-0000

CITY: STATE: ZIP:

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: SAVANNAH'S GRILL & BAR PHONE:
BUSINESS OWNER:
ADDRESS: PHONE:
BUSINESS EMERGENCY:
ADDRESS: PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	NO LONGER OPERATING				
	AT THIS LOCATION				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	A1	3	3	09/08/00

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 2/00

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Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 00 - 01309

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I. STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	544	2	2

NO ENTRY DATES:

BUSINESS NAME PEDLERS VILLAGE COOP PHONE
BUSINESS OWNER
ADDRESS
PHONE 256 0749
BUSINESS EMERGENCY ODD OSMUNDSEN
ADDRESS
PHONE 244 9672

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	NO LONGER OPERATING				
	AT THIS LOCATION				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	A1	3	3	09/08/00

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 00 - 01306

ADDRESS: GOODMAN ST N 274 — FROM / TO — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES: 09/07

BUSINESS NAME: NYS ASSEMBLY MEMBER SUSAN — PHONE: 244-5255
BUSINESS OWNER
ADDRESS: C254 ROCHESTER NY14607
PHONE: 244 5255
BUSINESS EMERGENCY: PATRICIA RZEPKA
ADDRESS: 1 HARDWOOD HILL RD PITTSFORD NY14534
PHONE: ~~387 9820~~ 723-6031

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☐ ☑ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
M. S. MURRAY	A1	3	3	09/08/00
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 00 - 01304

ADDRESS	FROM / TO		TAX ACCT #
GOODMAN ST N	274		005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	
MAILING NAME	**ADDRESS**	**PHONE**
STERN REALTY	2274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	
EMERGENCY CONTACT	**ADDRESS**	**PHONE**
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME KELLER ADVERTISING PHONE 271-7000
BUSINESS OWNER SCOTT A KELLER A502
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE 271 7000
BUSINESS EMERGENCY SCOTT A KELLER
ADDRESS 2506 OAKVIEW DR ROCHESTER NY14617
PHONE 266 2083

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

DISPOSITION by FIRE SAFETY:

Y N	Y N	Y N
☒ ☐ SPRINKLER SYSTEM	☐ ☒ FIRE/SMOKE DETECT. SYSTEM	☐ ☒ SINGLE STATION SMOKE DETECTORS
☐ ☒ STANDPIPE SYSTEM	☐ ☒ KITCHEN HOOD EXTING. SYSTEM	☐ ☒ BARS/WIRE ON WINDOWS
☐ ☒ FIRE ALARM SYSTEM	☐ ☒ OTHER FIRE EXTING. SYSTEM	☐ ☒ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
FF KEVIN M. BILLS.	A-1	3	3	9/8/00

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
[signature]		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 00 - 01299

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	481-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51		2	2

NO ENTRY DATES:

BUSINESS NAME COTTAGE BREWING PHONE
BUSINESS OWNER ELISABETH BOSEK
ADDRESS B260 ROCHESTER NY14607
PHONE 242 0170
BUSINESS EMERGENCY ELISABETH BOSEK
ADDRESS 57 LAKEVIEW PK ROCHESTER NY14613
PHONE 458 4806

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	NO LONGER OPERATING IN VILLAGE GATE!				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
D. BENDER	A1	3	3	01/07/00

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01
INSPECTION # 00 - 01288

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT #

PROPERTY OWNER ADDRESS PHONE 000-0000

CITY STATE ZIP

MAILING NAME JAMES BLYTHE FURNITURE ADDRESS 274 N. GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP

EMERGENCY CONTACT ADDRESS PHONE 000-0000

CITY STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME JAMES BLYTHE FURNITURE PHONE
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				
	NO LONGER OPERATING				
	AT THIS LOCATION				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
D. BENDER	A1	3	3	09/07/00

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY A01

INSPECTION # 00 - 01293

ADDRESS: GOODMAN ST N 274 — FROM / TO — TAX ACCT #

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME: ARCHER COMMUNICATIONS INC — PHONE: 461-1570
BUSINESS OWNER: ARCHER COMMUNICATIONS INC
ADDRESS: 274 N. GOODMAN C257 — PHONE:
BUSINESS EMERGENCY: ~~SEE~~ FRANK ARGENTO — 381-3586 cell
ADDRESS: 17 FALLBROOK CIR. 14625 — PHONE: ~~461-1750~~ 729-8081

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
FF Dan Bender	A1	B3	3	9/7/00

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
Frederick L. Fremmox		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 00 - 01305

ADDRESS: GOODMAN ST N 274 — FROM / TO

TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME: MOTION CONTROL TECHNOLOGY — PHONE:
BUSINESS OWNER: JOHN SAPORITO (461-2110)
ADDRESS: 1650 STRONG RD VICTOR NY14564
PHONE: 742 1649
BUSINESS EMERGENCY: TONY CASSARO
ADDRESS:
PHONE: 225 1539

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

Y N	Y N	Y N
☑ ☐ SPRINKLER SYSTEM	☐ ☑ FIRE/SMOKE DETECT. SYSTEM	☐ ☑ SINGLE STATION SMOKE DETECTORS
☑ ☐ STANDPIPE SYSTEM	☐ ☑ KITCHEN HOOD EXTING. SYSTEM	☐ ☑ BARS/WIRE ON WINDOWS
☐ ☑ FIRE ALARM SYSTEM	☐ ☑ OTHER FIRE EXTING. SYSTEM	☐ ☑ LOCK BOX

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
LT. S MURRY	A1	3	3	09/07/00

BUS/PROP REPRESENTATIVE	POSITION / TITLE	DATE OF REINSPECTION
Karen Roy		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY ~~A01~~ R17

INSPECTION # 00 - 01296

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	562	2	2

NO ENTRY DATES:

BUSINESS NAME: BOCCACINO HEATING PHONE:
BUSINESS OWNER: ~~COTTAGE BREWING~~ KAREN FALBO
ADDRESS: ~~B116~~ C256 ROCHESTER NY14607
PHONE:
BUSINESS EMERGENCY: ~~ELIZABETH BOSEK~~ KAREN FALBO
ADDRESS: ~~57 LAKEVIEW PARK~~ ~~ROCHESTER~~ NY14613
8 SYLVAN GLEN, FAIRPORT 14450 PHONE: ~~458-4806~~ 387-9930

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME ☐ A ☐ B ☐ C ☐ D				

NEW INFORMATION

Y N	Y N	Y N
☐ ☐ SPRINKLER SYSTEM	☐ ☐ FIRE/SMOKE DETECT. SYSTEM	☐ ☐ SINGLE STATION SMOKE DETECTORS
☐ ☐ STANDPIPE SYSTEM	☐ ☐ KITCHEN HOOD EXTING. SYSTEM	☐ ☐ BARS/WIRE ON WINDOWS
☐ ☐ FIRE ALARM SYSTEM	☐ ☐ OTHER FIRE EXTING. SYSTEM	☐ ☐ LOCK BOX

OFFICER PREPARING REPORT: FF Dan Bender
COMPANY: ~~A1~~ R17 DISTRICT: B3 GROUP: 3 DATE: 9/7/00
BUS/PROP REPRESENTATIVE: Maureen Banks
POSITION / TITLE: Rec.
DATE OF REINSPECTION: 0
FIRE SAFETY INSPECTOR:
DATE

RFD 501 REV. 2/00

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/28/00

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

CROCODILE ROCK CAFE
274 GOODMAN ST N

01-09049	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30

TREASURER CLERK
SEP19/00 10:33AM
C CLERK 02
1 FIRE PVW 30.00
SUBTOTAL 30.00
TOTAL 30.00
CHECK 30.00
ITEM 1
0831 02 0101 SEP19/00 10:33A

THIS PERMIT EXPIRES 09/30/01

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

01-09049	PERMIT NUMBER
08/28/00	INVOICE DATE
09/28/00	DUE DATE
$ 30	AMOUNT DUE

CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY 401

INSPECTION # 77362

ADDRESS GOODMAN ST N — FROM / TO 274 — TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN — ADDRESS 274 N GOODMAN ST — PHONE 442-9061
CITY ROCHESTER — STATE NY — ZIP 14607

MAILING NAME STERN REALTY — ADDRESS 274 N GOODMAN ST — PHONE
CITY ROCHESTER — STATE NY — ZIP 14607

EMERGENCY CONTACT GARY I STERN — ADDRESS 40 EVANDALE RD — PHONE 461-9067
CITY ROCHESTER — STATE NY — ZIP 14618

NFPA 901 CODES — GENERAL PROPERTY USE 51 — SPECIFIC PROPERTY USE 544 — STRUCTURE TYPE 2 — STRUCTURE STATUS 5

NO ENTRY DATES: 10/14/99 11:00

BUSINESS NAME ~~OZMA GLASS COLLECTIBLES~~ — PHONE
BUSINESS OWNER ~~THOMAS OZMA~~ The Gifts they Gave
ADDRESS ~~B263~~ Nannett Cepero ~~ROCHESTER NY 14607~~ PHONE ~~442-1400~~
BUSINESS EMERGENCY ~~THOMAS OZMA~~
ADDRESS ~~92 ONETA RD~~ ~~ROCHESTER NY 14617~~ PHONE ~~544-2500~~
109 Linden St.

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS: Roch. N.Y. 271-1995

SPECIAL HARZARDS OR CONSTRUCTION 14620

NEW INFORMATION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
	Vacant in 98				
	NO LONGER IN BUSINESS 8/2/00				

Y N

☐ ☐ SPRINKLER SYSTEM
☐ ☐ COOKING HOOD SYSTEM
☐ ☐ FIRE ALARM SYSTEM
☐ ☐ STANDPIPE SYSTEM
☐ ☐ COOKING SYSTEM
☐ ☐ BARS/WIRE ON WINDOWS

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
D. S MURRAY	A1	3	3	08/02/00
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2000

INSPECTION DATE: 7/21/00

LOCATION: 274 GOODMAN ST N 10 OWNER: AVALON
414 HOBSON CHOICE
WEBSTER NY 14580

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ED GESKA PHONE NO: 4737250 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

NEW INFORMATION

CODE	FEE	PERMIT	
5412B16B	30	09044	OVEN OPERATION - PIZZA

NO LONGER IN BUSSINESS SPACE IS BEING CONVERTED

DATE VIOLATIONS ISSUED. _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: N/A SIGNATURE: _____

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 __

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2000

INSPECTION DATE: 7/20/00

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09043	OVEN OPERATION - PIZZA

NO VIOLATIONS THIS TIME.

DATE VIOLATIONS ISSUED: N/A CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: 7/20/00 SIGNATURE: _____

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: 8/28/00 DATE EXPIRED: 9/30 20 01

PERMIT NUMBER: 09049 FEE REQD:

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL
PUBLIC ED
(PERMIT)
HIGH-RISE

LOCATION 274 N Goodman St

DATE RECEIVED IN FIRE SAFETY: DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
7/7/00										
7/28/00								NO LONGER IN BUSINESS-	✓	DAVE

NEW INFORMATION

VOID

Owner's Name

Home Addresss & Zip

Home Phone #

POSTED OCCUPANCY #

Y	N	
☐	☐	SPRINKLER SYSTEM
☐	☐	COOKING HOOD SYSTEM
☐	☐	FIRE ALARM SYSTEM
☐	☐	STANDPIPE SYSTEM
☐	☐	COOKING SYSTEM
☐	☐	BARS/WIRE ON WINDOWS

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2000

INSPECTION DATE: 7/21/00

LOCATION: 274 GOODMAN ST N 10 OWNER: AVALON
414 HOBSON CHOICE
WEBSTER NY 14580

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ED GESKA PHONE NO: 4737250 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09044	OVEN OPERATION - PIZZA

NO LONGER IN BUSSINESS SPACE IS BEING CONVERTED

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: N/A SIGNATURE: _____

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 ___

FD57C

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL
PUBLIC ED
(PERMIT)
HIGH-RISE

LOCATION 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: 7/7/00 DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
7/20/02								NO VIOLATIONS	✓	DAVE

Owner's Name

Home Addresss & Zip

Home Phone #

POSTED OCCUPANCY # 49

by M. McBRIDE 4/6/96

Y	N	
☑	☐	SPRINKLER SYSTEM
☐	☐	COOKING HOOD SYSTEM
☐	☑	FIRE ALARM SYSTEM
☐	☐	STANDPIPE SYSTEM
☐	☐	COOKING SYSTEM
☐	☑	BARS/WIRE ON WINDOWS

FILE

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 2000

INSPECTION DATE: 7/20/00

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09043	OVEN OPERATION - PIZZA

NO VIOLATIONS @ THIS TIME.

DATE VIOLATIONS ISSUED: N/A CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: 7/20/00 SIGNATURE: [signature]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 ___

PERMIT NUMBER: _____ FEE REQD:

NET

City of Rochester
Department of
Community Development

City Hall
Church and Fitzhugh Streets
Rochester, New York 14614

Case Nbr: 263797
Premises: 274-302 N Goodman St
Type of Inspection: Vacate
Date Issued: May 5, 2000

RECEIVED
MAY - 8 2000
STERN REALTY & MGMT CO.

To: Gary I & Marcia Stern Family
Limited Partnership
274 N Goodman St
Rochester, New York 14607

NOTICE AND ORDER

PLEASE TAKE NOTICE that an inspection of the above property which is owned, operated or occupied by you has revealed that the property is in violation of the codes, laws and ordinances of the City of Rochester and the State of New York and that the existence of these violations endangers the public health, safety and welfare.

Included is a particular statement of the violations existing on the subject property, the State law or municipal ordinance which is being violated and the time within which each violation must be corrected.

A reinspection of the subject property will be conducted upon the expiration of the time given to comply. If such reinspection reveals non-compliance with this order the Commissioner of Community Development shall take whatever legal action is necessary to compel compliance with this order. Call the Bureau of NET at 428-6520, between the hours of 8:00 am to 9:00 am or 4:00 pm to 5:00 pm, Monday through Friday if you wish to schedule an appointment to be present at the reinspection.

Note: Repairs must conform with standard building construction practices and must be performed using like materials and colors for repair or replacement.

ADMIN OF CODE COMPL

DATE OF INSPECTION: May 5,2000

INSPECTOR: Kurt Martin
428-6528

HEARING RIGHTS SECTION 52-5A(2) OF THE MUNICIPAL CODE OF THE CITY OF ROCHESTER GIVES YOU THE RIGHT TO HAVE AN ADMINISTRATIVE HEARING CONCERNING THE CITED VIOLATIONS BEFORE THE COMMISSIONER OF COMMUNITY DEVELOPMENT OR HIS REPRESENTATIVE ONLY IF THE COMMISSIONER HAS DETERMINED THAT AN EMERGENCY EXISTS. YOU MAY REQUEST THIS HEARING IN PERSON OR BY WRITING TO THE COMMISSIONER PRIOR TO THE EXPIRATION OF THE PERIOD FOR COMPLIANCE GIVEN IN THIS NOTICE AND ORDER.

BY ORDER OF THE COMMISSIONER

MEMO LETTER

Stern Realty & Management Co.

274 N. GOODMAN STREET ROCHESTER, NEW YORK 14607
(716) 442-9061
Fax (716) 760-2394

Date: May 8, 2000
To: All Residential Tenants at 302 North Goodman Street (4th Floor)
From: Stern Realty & Management Co.
Subject: Notice & Order from the City of Rochester to Vacate the Premises

Dear Tenants:

Enclosed please find copy of a notice and order from the City of Rochester Department of Community Development. As per this notice and order and further instructions from the City, the premises in which you reside must be vacated immediately.

For those of you who have already paid rent for the month of May, we will prorate this rent and refund you accordingly.

Sincerely,

Stern Realty & Management Co.

Jean M. Sak

Jean M. Sak

cc: Sophouli Panayiotopoulos - Apt. #400
John R. Klee - Apt. #401
Sharon & Gray Mayfield - Apt. # 403
Robert LaTorre - Apt. # 404
Kevin M. Conroy - Apt. # 405
Mary K. Koons - Apt. # 406
James J. Nesci - Apt. # 407
Anthony Taddeo - Apt. # 408
Jane C. Rochefort- v.Adelman - Apt. # 409

jms

Village Gate
SQUARE
274 N. Goodman Street, Rochester, New York 14607, (716) 442-9061

May 12, 2000

302 North Goodman Street, 4th Floor Tenants

This notice is to inform you that the elevator will be shut down on Monday, May 15, 2000. It will not service the 4th floor after 4:30 p.m.

Village Gate Office
442-9061

Attention, 4th Floor Residents

We, the 4th Floor residents of 302 North Goodman Street, will be having a meeting Monday, May 8th at 07:30 p.m.

The meeting will be held in front of what used to be *the Sweet Boutique* on the 1st. Floor of Village Gate Square.

We believe that we can do something to prevent our eviction, but we need you to show up at this meeting if we are going to be able to do this.

MEMO LETTER

Stern Realty & Management Co.

274 N. GOODMAN STREET ROCHESTER, NEW YORK 14607
(716) 442-9061
Fax (716) 760-2394

Date: May 10, 2000
To: All Residential Tenants at 302 North Goodman Street (4th Floor)
From: Stern Realty & Management Co.
Subject: Notice & Order from the City of Rochester to Vacate the Premises

Dear Tenants:

Please take notice that the City has advised us that you may keep your belongings stored in your apartment for one (1) month. All persons must vacate the apartments immediately. Once you have made plans to move your goods from the apartment, you must contact the City (NET) office at 428-7640 so they can make arrangements to escort you to the apartment.

Stern Realty will not charge you for storage of your goods. Stern Realty will not be responsible in any way with respect to items remaining in the apartments.

Please make arrangements to have all utility services (gas, electric, telephone, & cable) turned off as soon as possible.

Thank you for your immediate attention to these matters.

Sincerely,

Stern Realty & Management Co.

Jean M. Sak

Jean M. Sak

DOOR CODES
PK. LOT SIDE
245 *
CONCOURSE SIDE
245

STILL IN APT

cc: Sophouli Panayiotopoulos - Apt. #400 - VACANT
John R. Klee - Apt. #401 (turned in key, furniture still there)
Sharon & Gray Mayfield - Apt. # 403
Robert LaTorre - Apt. # 404 - VACANT - furniture still there

west side

Kevin M. Conroy - Apt. # 405 - moving on Monday 5/15
Mary K. Koons - Apt. # 406
James J. Nesci - Apt. # 407
Anthony Taddeo - Apt. # 408
Jane C. Rochefort- v.Adelman - Apt. # 409 - [redacted]

east side

NET Office, Attn: Peggy Gregory

jms

402-VACANT

ON PREMISE

CELL - 281 - 3939 DAVID - SUPERVISOR

244-0447 HOME

Village Gate
SQUARE
274 N. Goodman Street, Rochester, New York 14607, (716) 442-9061

Date: April 26, 2000
To: All Residential Tenants at 302 North Goodman Street (4th Floor)
From: Village Gate Management Office
Subject: Lease Termination

Dear Tenants:

We are so very sorry to share the news with you that, for reason of being out of compliance with the City of Rochester and its ordinances, we can no longer rent residential space in the building known as 302 North Goodman Street.

We have had the good experience to become well acquainted with some of you who have been renting here for a few years. All of you have been good Tenants who will be missed by our office.

Please contact our office for further instructions concerning your move from this area.

Sincerely,

Village Gate Square

Jean M. Sak

Jean M. Sak

jms

City of Rochester Fire Department
Fire Safety Division
150 Plymouth Avenue S.
Room 300
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

GARY I & MARCIA STERN
NAME

Date MAY 5 2000 0620

274 N GOODMAN ST
ADDRESS

ROCHESTER NY 14607
CITY, STATE, ZIP

Inspection of the premises located at 302 N. GOODMAN ST reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

9NYCRR
1162.3B EXIT SIGN ON #1 & #3 FLOOR'S SHALL BE ILLUMINATED

1163.13B3 PORTABLE FIRE EXTINGUISHERS SHALL BE IN THEIR DESIGNATED LOCATION ON #3 + #4 FLOORS

1163.13 B1 PORTABLE FIRE EXTINGUISHER SHAL BE INSPECTED IN ACCORDANCE WITH NFPA #10

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal LT. EISENHART

DATE OF COMPLIANCE _____

Fire Marshal _____

FD 506

City of Rochester Fire Department
Fire Safety Division
150 Plymouth Avenue S.
Room 300
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

GARY I & MARCIA STERN
NAME

Date MAY 5 2000

274 N. GOODMAN ST
ADDRESS

ROCHESTER NY 14607
CITY, STATE, ZIP

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2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

9NYCRR
1163.13A WATER-BASED FIRE PROTECTION SYSTEM SHALL BE INSPECTED & TESTED IN ACCORDANCE WITH NFPA #25
* RECORDS OF INSPECTIONS, TEST, & MAINTENANCE
NFPA 25 1.8 OF THE SYSTEM SHALL BE SUBMITTED TO THE FIRE MARSHAL

HARRY RAPP - PLUMBER - STATED TO ME THE SPRINKLER SYSTEM HAS BEEN SHUT DOWN
1193.1A APPROX 2 WEEKS - NO NOTIFICATION WAS MADE TO THE FIRE DEPT.

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal LT. EISENHART

DATE OF COMPLIANCE _____

Fire Marshal _____

FD 506

City of Rochester Fire Department
Fire Safety Division
150 Plymouth Avenue S.
Room 300
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

GARY I + MARCIA STERN
NAME

Date MAY 5 2000

374 N. GOODMAN ST
ADDRESS

ROCHESTER NY 14607
CITY, STATE, ZIP

Inspection of the premises located at 302 N. GOODMAN ST reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

9NYCRR
1162.5AB SELF-CLOSING DEVICES SHALL BE INSTALLED ON DOORS #303 & #304

1162.2C MATERIALS SHALL NOT BE STORED IN STAIRWAYS 3RD FLOOR WEST OPP. #304 #1 FLOOR NORTH SIDE IN DAY CARE AREA

1032.3AB EMERGENCY LIGHTING SHALL BE TESTED AND REPORT SUBMITTED TO THE FIRE MARSHAL

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal LT EISENHART

DATE OF COMPLIANCE _____

Fire Marshal _____

FD 506

City of Rochester Fire Department
Fire Safety Division
150 Plymouth Avenue S.
Room 300
Rochester, NY 14614

OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION
AND ORDER TO COMPLY

GARY I. & MARCIA STERN
NAME

Date 5/5/00

274 N. GOODMAN ST
ADDRESS

ROCHESTER, N.Y. 14607
CITY, STATE, ZIP

Inspection of the premises located at 302 N. GOODMAN ST. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1163.13 C(1)- FIRE ALARM SYSTEMS:
FIRE ALARM SYSTEMS SHALL BE MAINTAINED IN A PROPER OPERATING CONDITION IN CONFORMITY WITH REFERENCE STANDARD RS 55.

1163.13 (D) - FIRE AND SMOKE DETECTING SYSTEMS:
FIRE AND SMOKE DETECTING SYSTEMS SHALL BE MAINTAINED IN A PROPER OPERATING CONDITION IN CONFORMITY WITH REFERENCE STANDARD RS 55 (SEE SECTION 1250.3 OF THIS CODE).

NOTE: FINAL ACCEPTANCE TEST(S) TO BE CONDUCTED AND WITNESSED BY THE ROCHESTER FIRE DEPARTMENT'S FIRE SAFETY DIVISION (SPECIAL INSPECTIONS UNIT).

Received by: _____ NAME _____ TITLE _____ DATE

By Order of Fire Marshal

Fire Marshal Lt. Daniel J. Carroll

DATE OF COMPLIANCE _____

Fire Marshal _____

FD 506

202964 PAD BUSINESS FORMS, INC., ROCHESTER, NY 751828

205157 COMPLAINT / INFORMATION

THE PEOPLE OF THE STATE OF NEW YORK -VS-

STERN GARY I & MARCIA

Last Name (Defendant) First M.I.

294 N. GOODMAN ST

Street Address Apt. #

ROCHESTER NY 14607

City State Zip

/ / D.O.B. Sex Summons Issued To

LICENSE INFORMATION

License # Exp Date / /

☐ Amusement Center ☐ Entertainment Center ☐ Alarm Permit

☐ Taxi Driver ☐ Solicitor/Vendor ☐

☐ Dog: Color

Breed (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

302 N. GOODMAN ST

Place of Occurrence Rochester, Monroe Co., N.Y.

5/4/00 11 A.M./P.M.

Date Time

OFFENSE NO CERTIFICATE OF OCCUPANCY

In violation of Chapter 9NYCRR SEC 1300.1 SUB ORDER 126.C of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place

NO DWELLING UNITS SHALL BE OCCUPIED IN WHOLE OR PART UNTIL THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY

PERSON ABOVE IS SUMMONED TO APPEAR AT:

☒ MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

☐ CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.

☐ CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: 5-24 day of 19 00

at 9 A.M. / P.M.

FINE SCHEDULE: A B C D E DOG REFUSE ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT H. EISENHART 5/5/00 Date

ID # 6579 SEC RFD

REV 10/95 G.O. 565

202964 PAD BUSINESS FORMS, INC., ROCHESTER, NY 751828

205156 COMPLAINT / INFORMATION

THE PEOPLE OF THE STATE OF NEW YORK -VS-

STERN GARY I & MARCIA

Last Name (Defendant) First M.I.

294 N. GOODMAN ST

Street Address Apt. #

ROCHESTER NY 14607

City State Zip

/ / D.O.B. Sex Summons Issued To

LICENSE INFORMATION

License # Exp Date / /

☐ Amusement Center ☐ Entertainment Center ☐ Alarm Permit

☐ Taxi Driver ☐ Solicitor/Vendor ☐

☐ Dog: Color

Breed (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

302 N. GOODMAN ST

Place of Occurrence Rochester, Monroe Co., N.Y.

5/4/00 11 A.M./P.M.

Date Time

OFFENSE SPRINKLER SYSTEM SHUT DOWN

In violation of Chapter 9NYCRR SEC 193 SUB A of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place

HARRY RAPP STATED TO ME SPRINKLER SYSTEM HAS BEEN SHUT DOWN FOR APPROX. 2 WEEKS - NO NOTIFICATION WAS MADE TO THE FIRE DEPT.

PERSON ABOVE IS SUMMONED TO APPEAR AT:

☒ MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

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COMPLAINANT LT. EISENHART 5/5/00 Date

ID # 6579 SEC RFD

REV 10/95 G.O. 565

SMDISPLY SPECIAL MAILING MULTI-ADDRESS DISPLAY DATE: 05/05/2000 DISPLAY

```
  SBL NO: 106 . 840 - 0001 - 010 . 000 / 0000
   OWNER: GARY I & MARCIA STERN FAMILY   LIMITED PARTNERSHIP
LOCATION: 0274-302   N GOODMAN ST        14607
- - - - - ARLM SPECIAL MAILING - - - - + - - - - REFUSE BILLING ADDRESS - - - -
GARY I & MARCIA STERN FAMILY           | VILLAGE GATE
LIMITED PARTNERSHIP                    | 274 N GOODMAN ST
                                       | ROCHESTER, N Y          14607
274 N GOODMAN ST                       |
ROCHESTER, NY            14607         |
- - WSE OWNER ADDRESS- - + - - WATER BILLING ADDR - + - PUREWATR BILLING ADDR -
GARY I & MARCIA STERN FA |                         | VILLAGE GATE SQUARE
0274 N GOODMAN ST N      |     WSE OWNER ADDRESS   | 274 N GOODMAN ST
ROCHESTER      NY  14607 |     IS BILLING ADDRESS  | ROCHESTER,     NY  14607
                         |                         |
- - TAX BILL PAYEE - - - + - BIS SPECIAL MAILING- - + - - - - FUTURE USE- - - -
                         |                         |
      OWNER IS PAYEE     |       NOT AVAILABLE     |
                         |                         |
                         |                         |
                         |                         |
- - - - - - - - - - - - - + - - - - - - - - - - - - - + - - - - - - - - - - - - - -
PF14-TRANSFER TO WBSPEC TO VIEW ADDITIONAL WSE ADDRS'S PF12-RETURN TO ARMXLOC
```

Permit to repair (Sprinkler system) required.

* Emergency exiting shall be posted "areas of refuge" shall be established.

FIRE ACCESS = 16' MIN WIDTH.

TOTAL P.01

Stern Realty & Management Co.

274 N. GOODMAN STREET ROCHESTER, NEW YORK 14607
(716) 442-9061 FAX (716) 760-2394

May 12, 2000

2000 MAY 15 AM 10:58

City of Rochester
Office of the Commissioner
City Hall, Room 125-B
30 Church Street
Rochester, New York 14614

Attn: John R. Accorso:

Note: He has been informed 20' is the Dead End Line for Assembly (C5) occupancy ∴ they must go!

Dear John:

You must be aware of the many inspections taking place at 302 North Goodman Street, by the City Building Department, the Fire Department, and the NET Offices. I am in the process of vacating all commercial spaces on the 2nd and 3rd floors that do not meet the 50- foot requirement. Some of these tenants have been here for over 17 years. I am asking for a little time (30 days) in changing these spaces. For example, Pamela White ends her dance classes on June 8th. Her space is 3 feet beyond the 50- footmark and has a fire escape outside one of her windows. I hope this time table will be acceptable and that your department can issue a permit, with limitations, to build the Onondaga School, which will take 30-60 days to complete. Onondaga is a good client, a business that will benefit both Rochester and Village Gate.

I would like to briefly go over the events that have taken place since submission of prints for the Onondaga School and the last five days. We have sent termination notices to all 4th floor tenants. The sprinkler and alarm systems were tested under supervision of the Fire Department. We have complied with list of violations from the Fire Department, and have had several meetings with Building Department Personnel concerning notice orders and violations. All these items have been corrected except for the vacate order on the 4th floor, which is in progress and tenants should be out very soon. They are having difficulty finding open apartments in the neighborhood.

It has always been my intent to upgrade the Village Gate Square facility and I believe you have seen this over the past 19 years. I have always followed the spirit and intent of the law. I would hope that the City would engage this same attitude and follow the intent of the law and within certain parameters, the letter of the law with a developer who has been making a difference in the City of Rochester.

This has been an interesting week for me beginning with the high of being awarded a great project from the City then followed by the low of having the City reprimand me. This, I assure you, has taken a toll on me. I hope that in the years to come our working relationship will improve.

Sincerely,

Gary Stern

Gary Stern

GS/jn

C: Commissioner, Tom Argust
C: Mayor William A. Johnson, Jr.

Post-it® Fax Note 7671	Date 5/15 # of pages ▶
To Amy Nichols	From Kurt Martin
Co./Dept. Law Dept.	Co. Buildings
Phone #	Phone # 428-7914
Fax # 428-6950	Fax # 428-6184

MAY-15-2000 15:08 FROM CITY OF ROCH/BLDG PERMITS TO 6950 P.01

Stern Realty & Management Co.

274 N. GOODMAN STREET ROCHESTER, NEW YORK 14607
(716) 442-9061 FAX (716) 760-2394

May 12, 2000

xc: J. Madison
-FYI

City of Rochester
Office of the Commissioner
City Hall, Room 125-B
30 Church Street
Rochester, New York 14614

Attn: John R. Accorso:

Dear John:

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Sincerely,

Gary Stern

Gary Stern

GS/jn

C: Commissioner, Tom Argust
C: Mayor William A. Johnson , Jr.

RO

City of Rochester

Rochester, NY ★★★★★★ All-America City 1998

Inter-Departmental Correspondence

To: Deputy Chief King

From: Ron Shilo

Date: 5-5-00

Subject: 294 N Goodman St

On 4-17-00 I along with Q-4 ~~was~~ sent to above address. for the complaint of hazardous chemicals on the Roof that were leaking. Q-4 put Bucket to Roof and walked same. they found nothing. there was also a report from unknown person that fire escapes were faulty they checked fire escapes + were found to be working. Complaint was made by mental patient. who was having a proplem with bldg owner R.P.D was called. to scene to investigate. They had a call to same address. earlier in day for same person. Did not locate. him See attached SIR.

EEO Employer/Handicapped

FILE

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM

A

INCIDENT #	BOX #	NODE #	ADDRESS NUMBER	STREET	TYPE	DIR.
0007679		33014	274	GOODMAN	ST	N

DATE MO DA YR	DAY OF WEEK	WEATHER COND	TEMP	ALARM TYPE	GOV'T BLDG
04 17 00	2	3	5	9	

TIMES

FIRST ALARM

TIME OF ALARM	CODE 9 ENGINE	CODE 9 TRUCK	UNDER CONTROL	CODE 2 TIME
1401	1403	1403		1432

EXTRA UNITS SENT

TIME OF ALARM	CODE 9 ENGINE	CODE 9 TRUCK	TIME OF ALARM	CODE 9 ENGINE	CODE 9 TRUCK

SECOND ALARM

TIME OF ALARM	CODE 9 ENGINE	CODE 9 TRUCK	AMBULANCE CODE 9	B/C CODE 9

RESPONSE

FIRST ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
Q04	W	M04	W	CB3	W										

EXTRA UNITS SENT

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

MULTIPLE ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

DESCRIPTION OF FIRE

INC TYPE	TYPE CONST	STORIES	SPECIFIC PROPERY USE	MOBILE PPOP TYPE	AREA OF ORG.	EQUIP INV	FORM OF HEAT IGN	FORM MAT'L	TYPE MAT'L	IGN FACTOR	CODE 5	STRUC DMG	DRUG RELATED
71													

YEAR	MAKE	MODEL	LICENSE NUMBER	SERIAL NUMBER	VOLTAGE

FIRE EXTENDED TO _____

EXT OF FLAME DMG

OWNER/OCCUPANT

OWNER/ INITIALS	NAME	OCCUPANT INITIALS	NAME

OWNER ADDRESS NUMBER	STREET	TYPE	DIR	CITY	STATE	ZIP

COMBAT

NUMBER USED BOOST	1 1/2"	1 3/4"	2 1/2"	3"	M.S.	OXY	PORT ABLE	FOAM	AMOUNT OF WATER USED	SPKLR	STAND PIPE	HYD PRESS	HYD COND	SMOKE DET	ENTRY

AFTERMATH

DOLLAR LOSS OF PROPERTY	NUMBER OF RESCUES	INJURED CIV.	F.F.	DEAD CIV.	F.F.	REFERRED TO: FIRE SAFETY	FIRE INVESTIGATION

REMARKS Malicious false call by a mental patient. Car 33 and RPD handled incident

RANK	INIT.	NAME	GRP CPY	BATT
LT	J	INZINNA	30/m4	3

SIGNED: [signature]

RFD 101 REV. 12/91

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 05/02/00

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

01-05052	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 50

Pd per candies 5/16/00
$50.00 on 5/11/00

TREASURER CLERK
MAY11'00 03:56PM
CIDEFIRE CLERK
MAY11'00 03:19PM
1 FIRE PVN 50.00
C CHECK 02 50.00
SUBTOTAL 50.00
TOTAL PVN 150.00
CHECK TOTAL 150.00
ITEM 1
3064 02 0101 MAY11'00 03:56P

CHECK 150.00
ITEM 1
3060 02 0101 MAY11'00 03:19P

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 05/31/01

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

01-05052	PERMIT NUMBER
05/02/00	INVOICE DATE
06/01/00	DUE DATE
$ 50	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN STREET
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FDC-0

FIRE SAFETY INSPECTION RECORD

☒ LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

SA

LOCATION 274 N. GOODMAN ST C/U

DATE RECEIVED IN FIRE SAFETY: A-1

MAR 16 2000

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
3/23	3⁰⁰			(ALARM				EMS - 263-3330		
3-30-00								PAUL + JOHN		
								PETE SAY 425-7646		
4-27-00							2		X	

Owner's Name

Home Addresss & Zip

Home Phone #

POSTED OCCUPANCY #

Y	N	
☐	☐	SPRINKLER SYSTEM
☐	☐	COOKING HOOD SYSTEM
☐	☐	FIRE ALARM SYSTEM
☐	☐	STANDPIPE SYSTEM
☐	☐	COOKING SYSTEM
☐	☐	BARS/WIRE ON WINDOWS

City of Rochester

Inter-Departmental Correspondence

To:	Reynaldo Tovar, Deputy Fire Chief; Margaret Gregory, Net Administrator
From:	Cathy Cordaro, Senior Administrative Analyst
Date:	March 14, 2000
Subject:	Certificate of Use Application

Enclosed please find the following copy of a Certificate of Use application dated **March 6, 2000** for your review, comments and/or approval:

Address	Business	Business Owner
274 N. Goodman St.	**Mykonos Greek Cuisine**	**Steffie & John Rizos**

Please be advised that pursuant to 90-36 of the City Code, the City is required to issue or deny a Certificate of Use within 30 days of receipt of the completed application. Therefore, your written comment and/or approval must be submitted to me, no later than **March 31, 2000.** As part of your unit's review, it is imperative that any required property inspection take place. **The inspection for this property will be March 23, 2000 at 3:00 p.m.** Please provide a copy of the inspection report if one is conducted. If your inspection is delayed by the applicant's actions, please advise me in writing so I can notify the owner that the application is incomplete.

Please feel free to call me at x6532 if you have any questions. Thank you for your cooperation.

xc: A. Nichols
T. Borshoff
J. Guigno

RECEIVED
ROCHESTER FIRE DEPT.
00 MAR 16 AM 8:20

EEO Employer/Handicapped

: D-7

3/23/00

3:00 pm

CITY OF ROCHESTER
CERTIFICATE OF USE APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT
30 CHURCH STREET
ROCHESTER, NEW YORK 14614

BUSINESS INFORMATION

Business Name: MYKONOS GREEK CUISINE
Business Address: 274 N GOODMAN STREET **Zip:** 14607
Business Type: BAR/RESTAURANT
Historic Hours of Operation: ~~11:00~~ 11:11 AM to ~~11:00~~ 11:11 PM (Pending Zoning Review) ~~2:00~~
Approved Licenses: LIQ

Business Owner: STEFFIE & JOHN RIZOS
SSN/Tax ID#: 101-60-9672
Home Address: 24 RIDGECREST ROAD **Phone:** 000 720-9294
ROCH
NY **Zip:** 14626
Mail to: HOME ADDRESS
Property Owner: GARY I & MARCIA STERN FAMILY

Rest. #271-5510

I understand that false statements made on this application may result in the denial or loss of the Certificate of Use.

Business Owner Signature: [signature]

BUILDING BUREAU
ROOM 121
1:23PM Mar 6/00
01-0002 001 JOSIE
#30590

(FOR CITY USE ONLY)

M District — unlimited

Cert Use $25.00
INFO 274 N GOODMAN
CHECK $25.00

APPROVALS REQUIRED: **FEE:** **CERTIFICATE COLOR:** PINK

APPROVED HOURS OF OPERATION 24 hrs AM/PM (gen) to _____ AM/PM

	SIGNATURE:	DATE:	COMMENTS IF HOLDING APPROVAL:
DCD/BUILDINGS & ZONING:	B. Richardson	3/6/00	
NET ADMINISTRATOR:			
RFD/FIRE SAFETY:	[signature]	4-27-00	
NET CENTRAL:			

Please return approval or comments to ~~Cathy Cordaro~~ John Giugno - 007A by 3/31/00

DATE OF APPROVAL: _____ C of U#: 001449

EMS SYSTEMS, INC.

Residential • Commercial • New Construction

1076 East Main Street
Rochester, NY 14609-6104
(716) 263-3330
Fax (716) 263-2639

April 5, 2000

Mykonos Restaurant Corp.
Attn: John & Steffie Rizos
274 North Goodman Street
Rochester, N.Y 14607

To whom it may concern #(0649):

The Burglar/Fire Alarm system located at 274 North Goodman Street for Mykonos Restaurant is monitored by our company 24hrs. it was tested and found to be in good working condition.

Enclosed is an activity report from 2/14/00. If you have any questions please feel free to call me at: 263-3330.

Sincerely,

Paul Theodorou
EMS Systems, Inc.

EMS SYSTEMS, INC.
1076 EAST MAIN STREET
ROCHESTER, NY 14609-6104
TEL. 716/263-3330

PERIOD FROM 14-FEB-00 TO 14-FEB-0(

0649
MYKONOS RESTAURANT CORP.

274 NORTH GOODMAN STREET
ROCHESTER , NY 14607

CONNECTION & TESTING OF
EXISTING BURGLAR/FIRE
ALARM SYSTEM.

C U S T O M E R A C T I V I T Y R E P O R T

14-FEB SUN	12:17	0649	FIRE ZONE RESTORAL LOG O	84	RST	12:12<<<
14-FEB SUN	12:17	0649	SUBSCRIBER FIRE ALARM	14	FIR	12:12<<<
14-FEB SUN	12:10	0649	ALARM ZONE RESTORED	91	RST	12:13<<<
14-FEB SUN	12:30	0649	MAIN BELL TROUBLE CALL &	53	FUS	12:25<<<

Post-it® Fax Note 7671	Date 4/5/00 # of pages ▶ 2
To Eddie	From Vicky
Co./Dept. Mykonos	Co. EMS Systems
Phone #	Phone # 263-3330
Fax # 271-2177	Fax #

Fire Dept.
Fire Safety Division
Public Safety Bldg. #300
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037
FAX: 428-6785

NOTICE OF VIOLATIONS

DATE 3-24-00

MYKONOS GREEK CUISINE — Name

274 N. Goodman St — Address

Inspection of premises located at Rest. reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: IMMEDIATE COMPLIANCE.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1163.13c-1 ALARM TEST DOCUMENTATION SHALL BE to the FIRE DEPT

1163.13b-1 FIRE EXTINGUISHER SHALL BE Compatible to Cooking HOOD suppression SYSTEM

By Order of
FIRE MARSHAL

INSPECTOR

DATE OF COMPLIANCE _____ Inspector _____

FD506

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 03/22/00

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

MONROE REPROGRAPHICS INC
274 GOODMAN ST N

01-04054	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10A	FLAMMABLE LQD STORAGE CLS I	$ 50
5412B10B	CMBSTBLE LQD STORAGE CLS II,III	$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	$ 50
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	$ 60

TREASURER CLERK
MAY03/00 02:04PM
C CLERK 02
1 FIRE PVN 210.00
SUBTOTAL 210.00
TOTAL 210.00
CHECK 210.00
ITEM 1
2658 02 0101 MAY03/00 02:04P

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

01-04054	PERMIT NUMBER
03/22/00	INVOICE DATE
04/24/00	DUE DATE
$ 210	AMOUNT DUE

MONROE REPROGRAPHICS INC
274 GOODMAN ST N
ROCHESTER NY 14607

FD5.13

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N Goodman St

DATE RECEIVED IN FIRE SAFETY: MAR 01 2000

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
3/13/00								Stern	X	AL

FILE

INSPECTION REPORT PERMIT MONTH: MAY 2000

INSPECTION DATE: 3/13/00

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN STREET
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	50	05054	ACETYLENE/FLAMMABLE GAS USAGE

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: 3/13/00 SIGNATURE: _____

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 ___

PERMIT NUMBER: _____ FEE REQD: _____

FD570

FIRE SAFETY INSPECTION RECORD

[X] LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION: 274 N. GOODMAN ST

A-E (3)

DATE RECEIVED IN FIRE SAFETY: JAN 27 2000 DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
FEB 4	A-1 2:00							NEW INFORMATION	X	Xa
								FILE DONE		

City of Rochester
LICENSE
(Renewal Application)

Please type or print in black ink, fill in the blanks and correct preprinted information where appropriate.

APPLICANT: GESKA, EDWARD

ADDRESS: 2157 EAST AV

ROCHESTER NY 14610

271-3560

PHONE: 473-7250

DATE OF BIRTH: 03/19/52

THIS SPACE FOR ADMINISTRATIVE USE ONLY SA

TYPE OF LICENSE	PREVIOUS LICENSE #	CURRENT LICENSE #
AMUSEMENT	192	
ENTERTAINMENT		
DANCE		
BILLARDS		
SECOND HAND DEALER		
EXPIRATION DATE	January 31, 2001	
RENEWAL FEE	225	
VALIDATION		

(valid only if stamped)

NOTE: If the APPLICANT or PROPERTY OWNER is a partnership, give name, D.O.B. & home address of each partner; if a corporation, give name, D.O.B. & home address of all officers and shareholders; if d.b.a. give name, D.O.B. &home address of principals. (Use back side if needed.)

PROP OWNER: STERN, GARY (full name) 442-9061 (phone) DATE OF BIRTH: 05/08/43

40 EVANDALE RD (residence # street) ROCHESTER (city) NY (state) 14618 (zip)

PREMISES:

AVALON (name of business) 473-7250 (phone)

274 GOODMAN ST N (address # street) ROCHESTER (city) NY (state) 14607 (zip)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

25 DAY OF Jan, 2000

Carol A. Supernault 11-15-2001
Comm Deeds / Notary Public

Edward J Geska 1-25-00
signature of applicant date

office use only

PLEASE FORWARD APPROVED FORMS TO TREASURER'S OFFICE

- [ ] CRMN REC
- [ ] LDRS
- [ ] MCVB
- [ ] SITE INSP/VENDOR _____

CZC NO. _____ GAME LIMIT _____

DENIAL ___ CR # _____

APPROVED: _____ Zoning _____ date

APPROVAL ___ INV _____

APPROVED SUBJECT TO RELATED CODE REQUIREMENTS [ ]

DISTRIBUTION:
- police
- fire
- treasury
- building bureau

Von Oberst 2/4/00

_____ Authorized Signature _____ date

City of Rochester
LICENSE
(Renewal Application)

Please type or print in black ink, fill in the blanks and correct preprinted information where appropriate.

APPLICANT: GESKA, EDWARD

ADDRESS: 2157 EAST AV

ROCHESTER NY 14610

PHONE: 473-7250

DATE OF BIRTH: 03/19/52

THIS SPACE FOR ADMINISTRATIVE USE ONLY 5A

TYPE OF LICENSE	PREVIOUS LICENSE #	CURRENT LICENSE #
AMUSEMENT		
ENTERTAINMENT	98	
DANCE		
BILLARDS		
SECOND HAND DEALER		
EXPIRATION DATE	January 31, 2001	
RENEWAL FEE	225	
VALIDATION		

(valid only if stamped)

NOTE: If the APPLICANT or PROPERTY OWNER is a partnership, give name, D.O.B. & home address of each partner; if a corporation, give name, D.O.B. & home address of all officers and shareholders; if d.b.a. give name, D.O.B. &home address of principals. (Use back side if needed.)

PROP OWNER: STERN, GARY (full name) 442-9061 (phone) DATE OF BIRTH: 05/08/43

40 EVANDALE RD (residence # street) ROCHESTER (city) NY (state) 14618 (zip)

PREMISES:

AVALON (name of business) 473-7250 (phone)

274 GOODMAN ST N (address # street) ROCHESTER (city) NY (state) 14607 (zip)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

25 DAY OF Jan, 2000

Edward J Geska 1-25-00
signature of applicant date

Carol A. Serpernault 11-15-2001
Comm Deeds / Notary Public

office use only

PLEASE FORWARD APPROVED FORMS TO TREASURER'S OFFICE

- [ ] CRMN REC
- [ ] LDRS
- [ ] MCVB
- [ ] SITE INSP/VENDOR _____

CZC NO. _____ GAME LIMIT _____

DENIAL ____ CR # _____

APPROVED: _____ Zoning _____ date

APPROVAL ____ INV _____

APPROVED SUBJECT TO RELATED CODE REQUIREMENTS [ ]

DISTRIBUTION:
- police
- fire
- treasury
- building bureau

[signature] 2/4/00

_____ Authorized Signature _____ date

City of Rochester
LICENSE
(Renewal Application)

Please type or print in black ink, fill in the blanks and correct preprinted information where appropriate.

APPLICANT: **GESKA, EDWARD**

ADDRESS: ~~2157 EAST AV~~ 414 HOBSON CHOICE
~~ROCHESTER NY 14610~~ WEBSTER NY 14580

PHONE: **473-7250**

DATE OF BIRTH: **03/19/52**

THIS SPACE FOR ADMINISTRATIVE USE ONLY SA

TYPE OF LICENSE	PREVIOUS LICENSE #	CURRENT LICENSE #
AMUSEMENT		
ENTERTAINMENT		
DANCE	54	
BILLARDS		
SECOND HAND DEALER		
EXPIRATION DATE	January 31, 2001	
RENEWAL FEE	$.00	
VALIDATION		

(valid only if stamped)

NOTE: If the APPLICANT or PROPERTY OWNER is a partnership, give name, D.O.B. & home address of each partner; if a corporation, give name, D.O.B. & home address of all officers and shareholders; if d.b.a. give name, D.O.B. &home address of principals. (Use back side if needed.)

PROP OWNER: **STERN, GARY** (full name) **442-9061** (phone) DATE OF BIRTH: **05/08/43**

40 EVANDALE RD (residence # street) **ROCHESTER** (city) **NY** (state) **14618** (zip)

PREMISES:

AVALON (name of business) **473-7250** (phone)

274 GOODMAN ST N (address # street) **ROCHESTER** (city) **NY** (state) **14607** (zip)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

25 DAY OF Jan, 2000

Edward Geska 1-25-00
signature of applicant date

Carol A. Supernault 11-15-2001
Comm Deeds / Notary Public

office use only

PLEASE FORWARD APPROVED FORMS TO TREASURER'S OFFICE

- [ ] CRMN REC
- [ ] LDRS
- [ ] MCVB
- [ ] SITE INSP/VENDOR

CZC NO. _____ GAME LIMIT _____

DENIAL ___ CR # _____

APPROVED: _____ Zoning _____ date

APPROVAL ___ INV _____

APPROVED SUBJECT TO RELATED CODE REQUIREMENTS [ ]

DISTRIBUTION:
- police
- fire 2/4/00
- treasury
- building bureau

_____ Authorized Signature _____ date

FD570

FIRE SAFETY INSPECTION RECORD

[X] PERMIT

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: JAN 27 2000

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECT
1/28/00	130	T Gruber						Monroe Repro Employee owned Tom Gruber CEO	X	RON

Owner's Name Tom Gruber

Home Addresss & Zip N/A

Home Phone # Not Available

Y	N	
☐	☐	SPRINKLER SYSTEM
☐	☐	COOKING HOOD SYSTEM
☐	☐	FIRE ALARM SYSTEM
☐	☐	STANDPIPE SYSTEM
☐	☐	COOKING SYSTEM
☐	☐	BARS/WIRE ON WINDOWS

FILE

INSPECTION REPORT PERMIT MONTH: APRIL 2000

INSPECTION DATE: 1/3/00

LOCATION: 274 GOODMAN ST N 02 OWNER: MONROE REPROGRAPHICS INC
274 GOODMAN ST N
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ~~TAMMY SIMMONS~~ Tom Gruber ~~[illegible]~~ CEO PHONE NO: 4736600 APPOINTMENT:(Y/N) ____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10A	50	04053	FLAMMABLE LQD STORAGE CLS I
5412B10B	50		CMBSTBLE LQD STORAGE CLS II,III
5412B12C	50		CORROSIVE LIQUIDS - OVER 55 GAL
5412B17	60		CMBSTBL MAT'L STRGE-OVER 2500 CU FT

DATE VIOLATIONS ISSUED: _____ CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: 1/3/00 SIGNATURE: [signature]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ DATE EXPIRED: _____ 20 ____

PERMIT NUMBER: _____ FEE REQD: _____

FD572

FIRE SAFETY INSPECTION RECORD

☒ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: DEC 27 1999

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
1/6/00	3P							—	X	AL

FILE

City of Rochester
LICENSE
(Renewal Application)

Please type or print in black ink, fill in the blanks and correct preprinted information where appropriate.

APPLICANT: SANDS, RICKY

ADDRESS: 195 WIMBLEDON RD

ROCHESTER NY 14617

PHONE: 544-0009

DATE OF BIRTH: 06/20/34

THIS SPACE FOR ADMINISTRATIVE USE ONLY

TYPE OF LICENSE	PREVIOUS LICENSE #	CURRENT LICENSE #
AMUSEMENT		
ENTERTAINMENT		
DANCE		
BILLARDS		
SECOND HAND DEALER	46	
EXPIRATION DATE	12/31/00	
RENEWAL FEE	$75.00	
VALIDATION		

(valid only if stamped)

NOTE: If the APPLICANT or PROPERTY OWNER is a partnership, give name, D.O.B. & home address of each partner; if a corporation, give name, D.O.B. & home address of all officers and shareholders; if d.b.a. give name, D.O.B. &home address of principals. (Use back side if needed.)

PROP OWNER: SANDS, RICKY (full name) 544-0009 (phone) DATE OF BIRTH: 06/20/34

195 WIMBLEDON RD (residence # street) ROCHESTER (city) NY (state) 14617 (zip)

PREMISES:

RICKY'S PLACE (name of business) 442-0042 (phone)

274 GOODMAN ST N (address # street) ROCHESTER (city) NY (state) 14607 (zip)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 19 ___

signature of applicant _____ date

Comm Deeds / Notary Public

office use only

PLEASE FORWARD APPROVED FORMS TO TREASURER'S OFFICE

- [ ] CRMN REC
- [ ] LDRS
- [ ] MCVB
- [ ] SITE INSP/VENDOR _____

CZC NO. N/A GAME LIMIT _____

DENIAL ___ CR # _____

APPROVED: _____ Zoning _____ date

APPROVAL ___ INV. _____

APPROVED SUBJECT TO RELATED CODE REQUIREMENTS [ ]

DISTRIBUTION:
- police
- fire
- treasury
- building bureau

FILE

CFO

~~Chief of Police~~ Fire Chief 1/6/00 date

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE AVALON

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION 274 N. GOODMAN ST

NO PERMIT

DATE RECEIVED IN FIRE SAFETY: DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE		OK TO FILE	INSPECTOR
OCT 22 1999			X							
11/3/99	1:00	COURT	DEFAULT					NEW INFORMATION		O.D. EISENHART LIEUTENANT
11/4/99			X							
11/24	9	COURT	DEFAULT							
								New corp. Name: E J G Enterprises Inc 274 N goodman		Shila
JAN 24 2000 11AM	SPOKE WITH OWNER WILL PAY PERMIT TODAY									
1/5/00	3:30	gary Stern owner village gate						O.D. Closed 1 month Reopened New corp - Same owner ED Geska was open for New Years Eve Party (flyer on window)		
JAN 27 2000	PD PERMIT & TICKETS AT EISENHART									

FILE

Z 319 470 511

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	OCT 22 1999

PS Form **3800**, April 1995

Z 319 470 552

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	NOV 4 1999

PS Form **3800**, April 1995

200180 OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Last Name (Defendant): AVALON First: M.I.
Street Address: 2157 EAST AVE Apt. #
City: ROCHESTER State: NY Zip: 14610
D.O.B. ___/___/___ Sex Summons Issued To: ED GESKA

LICENSE INFORMATION

License # _____ Exp Date ___/___/___

☐ Amusement Center ☐ Entertainment Center ☐ Alarm Permit
☐ Taxi Driver ☐ Solicitor/Vendor ☐ _____
☐ Dog: Color _____
Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence: 1274 N. GOODMAN ST Rochester, Monroe Co., N.Y.
Date: 10/22/99 Time: 0830 A.M./P.M.
OFFENSE: NO RED PERMIT
In violation of Chapter 54 SEC 128 SUB 16B of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place
NO VALID RED PERMIT
DUE DATE 9/23/99

PERSON ABOVE IS SUMMONED TO APPEAR AT:

☒ MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.
☐ CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.
☐ CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: 11-3 day of 19 99
at 100 A.M./P.M.
FINE SCHEDULE: A (B) C D E DOG REFUSE ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT LT EISENHART Date 10/22/99
ID # 6579 SEC RED

REV 10/95 G.O. 565

200251 OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Last Name (Defendant): AVALON First: M.I.:

Street Address: 274 N. GOODMAN ST Apt. #:

City: ROCHESTER State: NY Zip: 14607

D.O.B. / / Sex: Summons Issued To:

LICENSE INFORMATION

License # Exp Date / /

☐ Amusement Center ☐ Entertainment Center ☐ Alarm Permit

☐ Taxi Driver ☐ Solicitor/Vendor ☐

☐ Dog: Color

Breed (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence: 274 N. GOODMAN ST Rochester, Monroe Co., N.Y.

Date: 11/4/99 Time: 1045 A.M./P.M.

OFFENSE: NO RED PERMIT

In violation of Chapter 54 SEC 12B SUB 16B of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place

NO VALID RED PERMIT

DUE DATE 9/23/99

PERSON ABOVE IS SUMMONED TO APPEAR AT:

☒ MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

☐ CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.

☐ CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: 11-24 day of 19 99

at 9 A.M./P.M.

FINE SCHEDULE: A (B) C D E DOG REFUSE ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT LT. EISENHART Date 11/4/99

ID # 6579 SEC RED

REV 10/95 G.O. 565

200180 MCVS APPEARANCE

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Last Name (Defendant): AVALON First: M.I.:

Street Address: 2157 EAST AVE Apt. #:

City: ROCHESTER State: NY Zip: 14610

D.O.B. / / Sex: Summons Issued To: ED GESKA

LICENSE INFORMATION

License # Exp Date / /

☐ Amusement Center ☐ Entertainment Center ☐ Alarm Permit

☐ Taxi Driver ☐ Solicitor/Vendor ☐

☐ Dog: Color

Breed (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence: 274 N. GOODMAN ST Rochester, Monroe Co., N.Y.

Date: 10/22/99 Time: 0830 A.M./P.M.

OFFENSE: NO RED PERMIT

In violation of Chapter 54 SEC 12B SUB 16B of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place

NO VALID RED PERMIT

DUE DATE 9/23/99

PERSON ABOVE IS SUMMONED TO APPEAR AT:

☒ MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

APPEARANCE DATE: 11-3 day of 19 99

at 100 A.M./P.M.

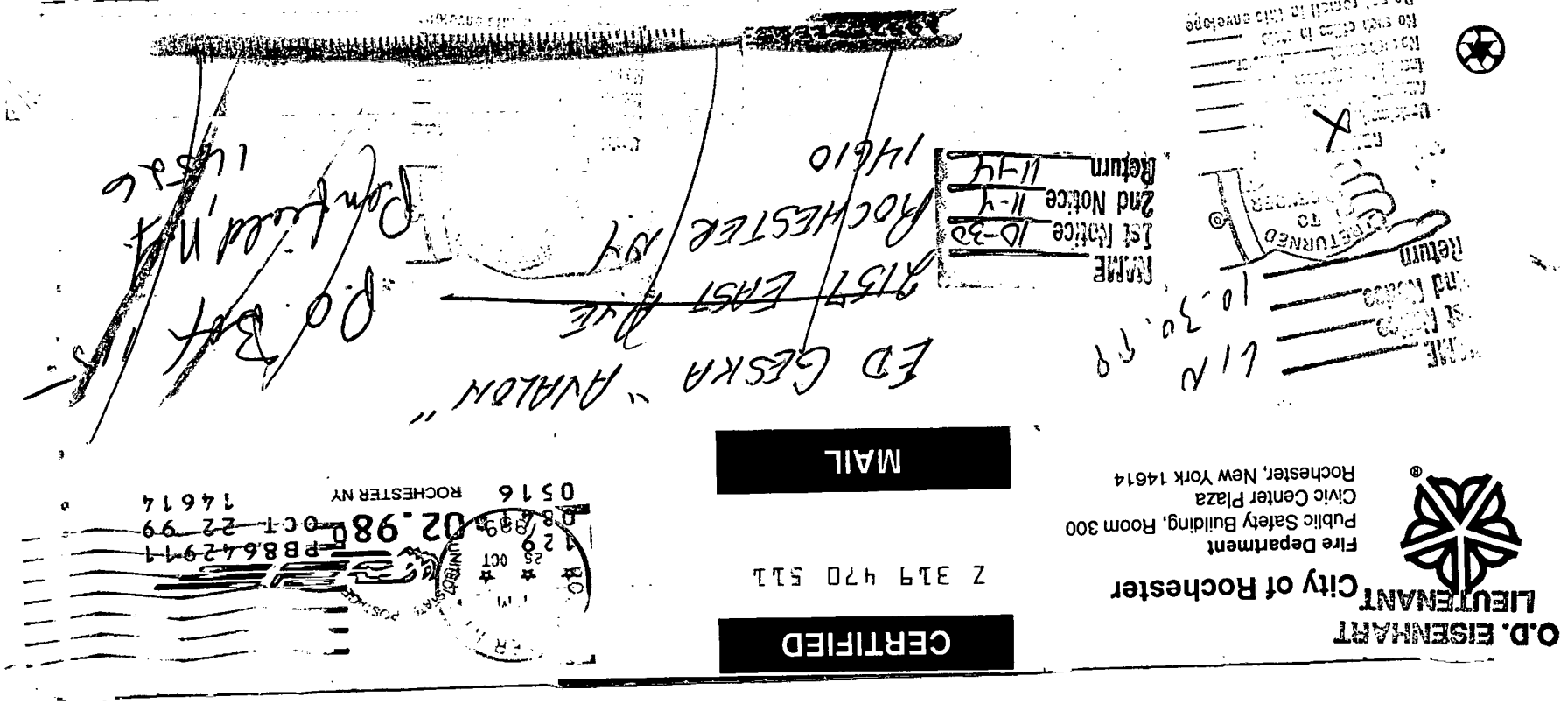
FINE SCHEDULE: A (B) C D E DOG REFUSE ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT LT EISENHART Date 10/22/99

ID # 6579 SEC RED

REV 10/95 G.O. 565



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ED GESKA
AVALON

11-3

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☒ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* Z 319 470 511

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/23/99

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

AVALON
274 GOODMAN ST N

00-09044	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30
	TOTAL	$ 30

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/00

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

00-09044	PERMIT NUMBER
08/23/99	INVOICE DATE
09/23/99	DUE DATE
$ 30	AMOUNT DUE

ED GESKA
AVALON
2157 EAST AVENUE
ROCHESTER NY 14610

FD513

O.D. EISENHART
LIEUTENANT

City of Rochester

Fire Department
Public Safety Building, Room 300
Civic Center Plaza
Rochester, New York 14614

CERTIFIED

Z 319 470 552

MAIL

106 PB8642911
0841 02.98 NOV 04 99
0660 ROCHESTER NY 14614

RETURNED TO SENDER
UNCLAIMED

AVALON
274 N. GOODMAN ST
ROCHESTER NY
14607

NOV 06 1999
1st Notice
2nd Notice 11/11
Return 11/21

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write *"Return Receipt Requested"* on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

11-24

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

AVALON

4a. Article Number
Z 319 470 552

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature *(Addressee or Agent)*

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

City of Rochester
FIRE DEPARTMENT

FIRE SAFETY DIVISION
300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 08/23/99

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

AVALON
274 GOODMAN ST N

00-09044	PERMIT NUMBER

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	TOTAL	$ 30

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Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

00-09044	PERMIT NUMBER
08/23/99	INVOICE DATE
09/23/99	DUE DATE
$ 30	AMOUNT DUE

ED GESKA
AVALON
2157 EAST AVENUE
ROCHESTER NY 14610

FD513

200251

MCVS APPEARANCE

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Last Name (Defendant) AVALON First M.I.

Street Address 274 N. GOODMAN ST Apt. #

City ROCHESTER State NY Zip 14607

D.O.B. / / Sex Summons Issued To

LICENSE INFORMATION

License # Exp Date / /

☐ Amusement Center ☐ Entertainment Center ☐ Alarm Permit

☐ Taxi Driver ☐ Solicitor/Vendor ☐

☐ Dog: Color

Breed

VEHICLE DESCRIPTION (M) (F)

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence 274 N. GOODMAN ST Rochester, Monroe Co., N.Y.

Date 11 / 4 / 99 Time 1045 A.M./P.M.

OFFENSE NO RED PERMIT

In violation of Chapter 54 SEC 12B SUB 16B of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place

NO VALID RED PERMIT

DUE DATE 9/23/99

☒ PERSON ABOVE IS SUMMONED TO APPEAR AT:
MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

APPEARANCE DATE: 11-24 day of 19 99

at 9 A.M./P.M.

FINE SCHEDULE: A (B) C D E DOG REFUSE ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT LT. EISENHART 11/4/99

ID # 6579 SEC RED Date

REV 10/95

G.O. 565

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION
300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/23/99

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

AVALON
274 GOODMAN ST N

00-09044	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30

FAX
872-4527

NEW INFORMATION

TOTAL $ 30

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CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

00-09044	PERMIT NUMBER
08/23/99	INVOICE DATE
09/23/99	DUE DATE
$ 30	AMOUNT DUE

ED GESKA
AVALON
~~2157 EAST AVENUE~~
~~ROCHESTER NY 14610~~

414 HOBSON CHOICE
WEBSTER NY 14580

FD513

PREFERRED ORGANIZATION

Fax Transmittal Form

To CITY OF ROCHESTER FIRE DEPT.
Name: LT. EISENHART
Phone number: 428-7037
Fax number: 428-6785

From
CLUB AVALON/EDWARD GESKA
Phone: 271-3560
Fax: 872-4527
Email:

☐ Urgent
☐ For Review
☐ Please Comment
☐ Please Reply

Date sent: 1-27-00
Time sent:
Number of pages including cover page: 2

Message: LT.EISENHART HERE IS A COPY OF MY PAID PERMIT. I 'M NOT SURE IF YOU REQUESTED A COPY OR NOT? I 'M ALSO SENDING A PAID COPY OF THE REICEIPT FOR THE VIOLATION THAT WAS IN QUESTION.

THANK YOU FOR YOUR HELP,
EDWARD GESKA

JAN 27 2000

DATE 08/23/99

PERMIT

Rochester, New York 14614
(716) 428-7037

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

AVALON
274 GOODMAN ST N

00-09044 PERMIT NUMBER

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5412B16B OVEN OPERATION - PIZZA $ 30

FAX
872-4527

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THIS PERMIT EXPIRES 09/30/00

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JAN25'00 12:40PM
7928 02 0101
CITY OF ROCHESTER NY TREASURER CLERK
1 AM CE 225.00
TOTAL 225.00
CASH 230.00
CHNG DUE 5.00-
ITEM 1

7924 02

JAN25'00 12:48PM
7927 02 0101
CITY OF ROCHESTER NY TREASURER CLERK
1 AM CE 225.00
TOTAL 225.00
CASH 230.00
CHNG DUE 5.00-
ITEM 1

Department of Finance

CITY OF ROCHESTER TREASURER CL
1 FIRE P 30
TOTAL 30
CASH 40
CHNG DUE 10
ITEM
JAN25'00 12
7925 02

Pizza Oven.
Permit

NOTE: THIS IS A RECORD OF PAYMENT(S) MADE ON THE DATE INDICATED. IF ANY PAYMENT IS LESS THAN THE FULL AMOUNT OWED YOU WILL RECEIVE APPROPRIATE NOTIFICATION.

ADDRESS ALL INQUIRIES TO:
Office of the Director
Bureau of Parking Violations
42 South Avenue
Rochester, NY 14604
716-428-7492

PARKING VIOLATNS

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 77356

COMPANY AOY

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9067
CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 2274 N GOODMAN ST PHONE
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN ADDRESS 40 EVANDALE RD PHONE 442-9067
CITY ROCHESTER STATE NY ZIP 14610

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 591	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME ~~KELLER ADVERTISING~~ PHONE
BUSINESS OWNER SCOTT A KELLER
ADDRESS ~~274 N GOODMAN ST~~ ~~ROCHESTER~~ ~~NY14607~~
PHONE 271 7000
BUSINESS EMERGENCY SCOTT A KELLER
ADDRESS 2506 OAKVIEW DR ROCHESTER NY14617
PHONE 266 2083

SPECIAL INSTRUCTIONS: A 502

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT
	☒ NO VIOLATIONS NOTED AT THIS TIME

Y	N	
☒	☐	SPRINKLER SYSTEM
☐	☒	COOKING HOOD SYSTEM
☒	☐	FIRE ALARM SYSTEM
☒	☐	STANDPIPE SYSTEM
☐	☒	COOKING SYSTEM
☐	☒	BARS/WIRE ON WINDOWS

PP

OFFICER PREPARING REPORT: LT Bruce Costello	COMPANY A1	DISTRICT B3	GROUP 2	DATE 9-21-99
BUS/PROP REPRESENTATIVE: Scott Keller	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 77369

COMPANY 301

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	095300-33.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	152	2	2

NO ENTRY DATES:

BUSINESS NAME ~~SHI-LING SHING STUDIOS~~ PHONE
BUSINESS OWNER SHI-LING HSIANG
ADDRESS 4403 ROCHESTER NY14607
PHONE 244 9148
BUSINESS EMERGENCY ~~SHI-LING HSIANG~~
ADDRESS ~~44 SUMMIT OAK~~ PITTSFORD NY14534
16 Stonebridge Dr. PHONE 240 3252

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

DISPOSITION by FIRE SAFETY:

Y	N	
☒	☐	SPRINKLER SYSTEM
☐	☒	COOKING HOOD SYSTEM
☒	☐	FIRE ALARM SYSTEM
☒	☐	STANDPIPE SYSTEM
☐	☒	COOKING SYSTEM
☐	☒	BARS/WIRE ON WINDOWS

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
LT Bruce Costello	A1	B3	2	9-21-99
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY [illegible]

INSPECTION # 77373

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14610

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

BUSINESS NAME: YANKEE CLIPPER CARDS — PHONE:
BUSINESS OWNER: THOMAS CAUKINS
ADDRESS: 274 N GOODMAN ST B125 ROCHESTER NY14607
PHONE: 442 5700
BUSINESS EMERGENCY: THOMAS CAUKINS
ADDRESS: ~~293 TAFT AV~~ ROCHESTER NY14609
5125 Williamson Rd PHONE: ~~467 5030~~ 315-
SPECIAL INSTRUCTIONS: Marion N.Y. 14505 589-84
SPECIAL HARZARDS OR CONSTRUCTION: 25

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

Y	N	
☒	☐	SPRINKLER SYSTEM
☐	☒	COOKING HOOD SYSTEM
☒	☐	FIRE ALARM SYSTEM
☒	☐	STANDPIPE SYSTEM
☐	☒	COOKING SYSTEM
☐	☒	BARS/WIRE ON WINDOWS

OFFICER PREPARING REPORT: Bruce Costello	COMPANY: A1	DISTRICT: B3	GROUP: 2	DATE: 9-21-99
BUS/PROP REPRESENTATIVE: Tom Caukins	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY: A01

INSPECTION #: 77367

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 481-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE: 51 — SPECIFIC PROPERTY USE: — STRUCTURE TYPE: 2 — STRUCTURE STATUS: 2

NO ENTRY DATES:

BUSINESS NAME: ~~ROCHESTER TAI CHI CENTER~~ — PHONE: 244-4140
BUSINESS OWNER: Yeager, William
ADDRESS: ~~A404~~ — PHONE: ~~[illegible]~~
BUSINESS EMERGENCY: A 404
ADDRESS: William Yeager — PHONE: 266-8423
SPECIAL INSTRUCTIONS: 549 Turtle Rock
SPECIAL HARZARDS OR CONSTRUCTION: Rochester, 14617

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

Y	N	
☒	☐	SPRINKLER SYSTEM
☐	☒	COOKING HOOD SYSTEM
☒	☐	FIRE ALARM SYSTEM
☒	☐	STANDPIPE SYSTEM
☐	☒	COOKING SYSTEM
☐	☒	BARS/WIRE ON WINDOWS

OFFICER PREPARING REPORT: TLt Bruce Costello	COMPANY: A1	DISTRICT: B3	GROUP: 2	DATE: 9-21-99
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037
(716) 428-6069 Fax

DATE: Sept 14, 1999

FILE

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the ALARM TEST

at the premises located at 302 N. Goodman St
BETWEEN FRIENDS Pittsford Inc

No violations were noted.

Sincerely,

Code Enforcement Officer
(716) 428-7037

(airmtest)

Simplex

FIRE ALARM INSPECTION REPORT

November 1999 Inspection

PREPARED FOR

Dave Moore
Building Superintendant
Village Gate Square
274 North Goodman Street
Rochester, NY 14607
(716) 442-9061

10/12/1999

SIMPLEX TIME RECORDER CO.

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

TABLE OF CONTENTS

Test Summary	**1**
Monitoring/Jurisdictional Agencies	**2**
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Inspection Deficiencies	**8**

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

Dave Moore
Building Superintendant
Village Gate Square
274 North Goodman Street
Rochester, NY 14607

Thank you for choosing Simplex as the provider of your Fire Alarm Inspection services, which were completed on October 12, 1999.

Customer will replace battery.

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

Monitoring Agency:	**DOYLE** **(716) 442-9450**
Authority Having Jurisdiction:	**Rochester City Fire Department** **Rochester City Fire Department** **(716) 428-2222**
Inspection Service:	**Simplex Time Recorder Co.** **3500 Winton Place,Suite 4** **Rochester, NY 14623** **Phone: (716) 475-1710** **Fax: (716) 475-1898** **License No.: 12000048424** **Service Mgr: Patrick King** **Service Sales: Michael Kristan** **Inspector: Tom Gillette**

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

CONTROL PANEL/CENTRAL PROCESSING UNIT

SIMPLEX 2001
Serial #
Building: BUILDING A Floor: 1ST Area: 274 OFFICE & ELEV. LOBBY

Test Performed	Result	Value	Notes
Voltage w/ Charger	Passed	27.1	
Voltage w/o Charger	Passed	26.1	
Battery % of Charge	Failed	40.0	Failed Load Test
Battery Age Check	Passed	196.0	
Zone Trouble	Passed		
Signal Trouble	Passed		
Type Signal Circuit	Passed		
AC Input Voltage	Passed		
Earth Detection	Passed		
Lamps/LED Test	Passed		
Drill Switch	Not Applicable		
Control Function(s)	Passed		

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

ALARM INITIATING DEVICES

SUMMARY TEST RESULTS

Dev. Type	Description	Total	Number Tested	Number Failed	Number Not Tested
PSD	Photo Smoke Detector	35	31	0	4
PSSA	Pull Station-Single Action	31	31	0	0

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
PSSA	BUILDING A	1ST	EXIT BY FIRE PANEL	1			Tested	Passed
PSSA	BUILDING B	1ST	OFFICE TOWER EXIT	6			Tested	Passed
PSSA	BUILDING B	1ST	MAIN ENTRANCE	6			Tested	Passed
PSSA	BUILDING B	1ST	COURTYARD ENTRANCE	7			Tested	Passed
PSSA	BUILDING B	1ST	SIDE ENTRANCE FIRE EXIT	7			Tested	Passed
PSSA	BUILDING D	1ST	SIDE ENTRANCE STAIRWELL EXIT	8			Tested	Passed
PSSA	BUILDING D	1ST	PARKING LOT B ENTRANCE	7			Tested	Passed
PSSA	BUILDING B	1ST	PARKING LOT D ENTRANCE	7			Tested	Passed
PSSA	MONROE GRAPHICS	1ST	PARKING LOT B EXIT	4			Tested	Passed
PSSA	MONROE GRAPHICS	1ST	REAR AREA				Tested	Passed
PSSA	BUILDING C	1ST	PARKING LOT C ENTRANCE	4			Tested	Passed
PSSA	BUILDING D	1ST	EXIT BY D236	8			Tested	Passed
PSSA	BUILDING D	1ST	EXIT BY D237	8			Tested	Passed
PSSA	BUILDING D	1ST	EXIT BY D217	8			Tested	Passed
PSSA	BUILDING D	1ST	EXIT BY D213	8			Tested	Passed
PSSA	BUILDING B	1ST	OFFICE TOWER STAIRES	5			Tested	Passed
PSSA	BUILDING C	1ST	MAIN ENTRANCE	4			Tested	Passed
PSSA	BUILDING A	1ST	OFFICE AREA SOUTH	2			Tested	Passed
PSSA	BUILDING A	1ST	OFFICE AREA NORTH	2			Tested	Passed
PSSA	BUILDING A	3RD	NORTH STAIRWELL	9			Tested	Passed

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

ALARM INITIATING DEVICES

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
PSSA	BUILDING A	3RD	CENTER STAIRWELL	9			Tested	Passed
PSSA	BUILDING A	3DR	SOUTH STAIRWELL	9			Tested	Passed
PSSA	BUILDING A	3RD	BY ATRIUM	3			Tested	Passed
PSSA	BUILDING A	3RD	CENTER STAIRWELL	3			Tested	Passed
PSSA	BUILDING A	3RD	FIRER STAIR'S FAR SIDE	3			Tested	Passed
PSSA	BUILDING A	4TH	SOUTH STAIRWELL	10			Tested	Passed
PSSA	BUILDING A	4TH	CENTER STAIRWELL	10			Tested	Passed
PSSA	BUILDING A	4TH	NORTH STAIRWELL	10			Tested	Passed
PSSA	BUILDING A	5TH	NORTH STAIRWELL	11			Tested	Passed
PSSA	BUILDING A	5TH	CENTER STAIRWELL	11			Tested	Passed
PSSA	BUILDING A	5TH	SOUTH STAIRWELL	11			Tested	Passed
PSD	BUILDING D	3RD	CENTER STAIRES	3			Tested	Passed
PSD	BUILDINGD	3RD	PARKING LOT B STAIRWELL	3			Tested	Passed
PSD	BUILDING D	3RD	ROOF STAIRWELL/Aprt. 311	3			Tested	Passed
PSD	BUILDING D	3RD	UTILITY CLOSET BY CENTER STAIR	3			Tested	Passed
PSD	BUILDING D	3RD	LIVING ARTS COMMOM AREA	3			Tested	Passed
PSD	BUILDING D	3RD	HALLWAY BY LIVING ARTS	3			Tested	Passed
PSD	BUILDING D	3RD	HALL BY CENTER STAIRWELL	3			Tested	Passed
PSD	BUILDING D	3RD	HALL BY 311	3			Tested	Passed
PSD	BUILDING D	3RD	HALL BY 306	3			Tested	Passed
PSD	BUILDING D	3RD	HALL BY 306	3			Tested	Passed
PSD	BUILDING D	3RD	HALL BY 305	3			Tested	Passed
PSD	BUILDING D	3RD	HALL BY 302	3			Tested	Passed
PSD	BUILDING D	3RD	HALL BY ROSE FILMS	3			Tested	Passed
PSD	BUILDING D	3RD	HALL BY ROSE FILMS FIRE EXIT	3			Tested	Passed
PSD	BUILDING D	3RD	IN ROSE FILMS	3			Tested	Passed
PSD	BUILDING D	3RD	IN ROSE FILMS	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 302	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 304	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 305	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 306	3			Tested	Passed

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

ALARM INITIATING DEVICES

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
PSD	BUILDING D	3RD	APRT. 307	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 309	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 308	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 310	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 313	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 312	3			Tested	Passed
PSD	BUILDING D	3RD	APRT. 314	3			Tested	Passed
PSD	BUILDING C	3RD	MAIN CORR.	3			Tested	Passed
PSD	BUILDING C	3RD	MAIN CORR.	3			Tested	Passed
PSD	BUILDING C	3RD	MAIN CORR.	3			Tested	Passed
PSD	MONROE GRAPHICS	3RD	ELEVATOR SHAFT	3			Not Tested	
				Access could not be gained				
PSD	BUILDING	3RD	OLD ELEVATOR SHAFT	3			Not Tested	
				Access could not be gained				
PSD	BUILDING	5TH	OLD ELEVATOR SHAFT				Not Tested	
				Access could not be gained				
PSD	BUILDING A	5TH	OFFICE TOWER STAIRWELL	11			Tested	Passed
PSD	BUILDING A	5TH	OFFICE TOWER ELEVATOR SHAFT	11			Not Tested	
				Access could not be gained				

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

INSPECTION DEFICIENCIES SUMMARY

THE FOLLOWING DEFICIENCIES WERE NOTED DURING THIS INSPECTION

I. Deficiencies Covered by Your Service Agreement - Corrected by Inspection Team

None

II. Deficiencies Covered by Your Service Agreement - Service Call Required

None

III. Deficiencies Not Covered by Your Service Agreement

None

IV. Deficiencies Identified During This Inspection That Are The Customer's Responsibility

1	Control Panel-Hard Wired	Failed

Customer Acknowledges responsibility for deficiencies listed above

_____ Customer

_____ Date

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

INSPECTION DEFICIENCIES

I. Deficiencies Covered by Your Service Agreement - Corrected by Inspection Team

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
	None							

II. Deficiencies Covered by Your Service Agreement - Service Call Required

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
	None							

III. Deficiencies Not Covered by Your Service Agreement

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
	None							

IV. Deficiencies Identified During This Inspection That Are The Customer's Responsibility

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
CPHW	BUILDING A	1ST	274 OFFICE & ELEV. LOBBY				Tested	Failed
				Failed Load Test				

SIMPLEX TIME RECORDER CO.
FIRE ALARM INSPECTION REPORT

SITE: Village Gate Square

Customer	10/12/99 Date
Tom Gillette	10-12-99 Date
James Beers	10/12/99 Date

IF YOU HAVE ANY QUESTIONS REGARDING THIS REPORT, PLEASE CONTACT

Patrick King Branch Service Manager

Phone: (716) 475-1710
Fax: (716) 475-1898
Address: 3500 Winton Place,Suite 4
Rochester, NY 14623

92318443.A11

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/23/99

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

AVALON
274 GOODMAN ST N

00-09044	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

00274 GOODMAN ST N

00-09044	PERMIT NUMBER
08/23/99	INVOICE DATE
09/23/99	DUE DATE
$ 30	AMOUNT DUE

ED GESKA
AVALON
2157 EAST AVENUE
ROCHESTER NY 14610

414 HOBSON CHOICE
WEBSTER NY 14580

FD513

THIS PERMIT EXPIRES 09/30/00

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

00274 GOODMAN ST N

00-09044	PERMIT NUMBER
08/23/99	INVOICE DATE
09/23/99	DUE DATE
$ 30	AMOUNT DUE

ED GESKA
AVALON
2157 EAST AVENUE
ROCHESTER NY 14610

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/23/99

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

CROCODILE ROCK CAFE
274 GOODMAN ST N

00-09043	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30

TREASURER CLERK
SEP14'99 11:28AM
C CLERK 02
1 FIRE PVN 30.00
SUBTOTAL 30.00
TOTAL 30.00
CHECK 30.00
ITEM 1
3614 02 0101 SEP14'99 11:28A

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/00

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

00-09043	PERMIT NUMBER
08/23/99	INVOICE DATE
09/23/99	DUE DATE
$ 30	AMOUNT DUE

CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/23/99

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

AVALON
274 GOODMAN ST N

00-09044	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30

NEW INFORMATION
JAN 24 2000

TOTAL $ 30

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/00

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

00-09044	PERMIT NUMBER
08/23/99	INVOICE DATE
09/23/99	DUE DATE
$ 30	AMOUNT DUE

ED GESKA
AVALON
~~2157 EAST AVENUE~~
~~ROCHESTER~~ ~~NY 14610~~

414 HOBSON CHOICE
WEBSTER NY
14580

FD513

Fire Safety Division
Fire Department

Neon Place ?

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

BUILDING INSPECTION / COMPLAINT FORM

COMPANY [illegible]

INSPECTION # 77342

ADDRESS [illegible] ST R

FROM / TO 274

TAX ACCT # 005000 03.0

PROPERTY OWNER [illegible] STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-7061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT [illegible] STERN

ADDRESS 40 [illegible] RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	682	2	2

NO ENTRY DATES: 7/2

BUSINESS NAME PHONE

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY

ADDRESS

PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

	DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
		☐ NO VIOLATIONS NOTED AT THIS TIME				
		Hours 11AM - 6PM				
O	NORTHWEST CORNER	US MAIL BOXES INTREFERE WITH FIRE ESCAPE			X	
		LADDER, BOXES MUST BE MOVED.				
1ST	OFFICE	IMPROPER USE OF EXTENSION CORDS, NOT FOR			X	
		PERMENANT USE 4354 MUST BE REMOVED.				
R	YELLOW ROOM	OPEN JUNCTION BOX ELECTRICIAL ON FLOOR			X	
		IN NEED OF COVER.				
		FIRE EXTINGUISHER IN NEED OF YEARLY			X	
		INSPECTION TAG.				
	STAIRWAY	COMBUSTIBLES STORED IN STAIRWAY MUST BE			X	
		REMOVED. FIRE DOORS FOUND PROPPED OPEN.				
3RD	A BLDG.	EXIT MISSING AT FIRE ESCAPE, EXIT LIGHT			X	
		IN NEED OF BULB → 2ND FLOOR				

☑ ☐ SPRINKLER SYSTEM
☐ ☑ COOKING HOOD SYSTEM
☑ ☐ FIRE ALARM SYSTEM
☑ ☐ STANDPIPE SYSTEM
☐ ☑ COOKING SYSTEM
☑ BARS WIRE WINDOWS

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT S. MURRAY	A1	3	3	08/19/99
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

INSPECTION # 83166

COMPANY
ADDRESS FROM / TO TAX ACCT #

PROPERTY OWNER ADDRESS PHONE
CITY STATE ZIP

MAILING NAME ADDRESS PHONE
CITY STATE ZIP

EMERGENCY CONTACT ADDRESS PHONE
CITY STATE ZIP

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME PHONE
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
B BUILDING	OPEN ELECTRICIAL JUNCTION BOXES ON			X	
	HEATING UNIT. MUST HAVE COVERS				
"	OPEN ELECTRICIAL BOXE LARGE, COVER NEEDS TO			X	
	BE ATTACHED				
C BUILDING	OPEN ELECT. JUNCTION BOX ON HEATING UNIT,			X	
	MUST HAVE COVER.				
2ND D BUILDING	OPEN ELECT. JUNCTION BOX ON CEILING			X	
	IN NEED OF COVER.				
THROUGHOUT	EXIT LIGHTS IN NEED OF BULBS.			X	
	NEED TO SEE FIRE PROTECTION SYSTEM CERTIFICATE			X	
	OF INSPECTION FOR 1999				

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

FIRE SAFETY INSPECTION RECORD

☐ LICENSE
☐ PERMIT
■ SPECIAL

LOCATION: 274 N. Goodman St

Person contacted: ARCTIC WHOLESALE Telephone #:

FILE

501

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
7-30-99			2							
8-16-99						2			X	

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 77353

COMPANY 497

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVARDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	753	2	2

NO ENTRY DATES:

BUSINESS NAME ~~GATEWAY FOSTER & FRAMING~~ PHONE
BUSINESS OWNER ~~ROB LA FAVE~~ ARTIC WHOLESALE
ADDRESS 6155 ? ~~ROCHESTER NY 14620~~
BILL STRONG PHONE ~~473 7330~~
BUSINESS EMERGENCY ~~ROB LA FAVE~~
ADDRESS ~~30 MERRIMAN ST~~ ROCHESTER NY ~~14607~~
PHONE ~~244 9867~~

SPECIAL INSTRUCTIONS: C. 721-9731

SPECIAL HARZARDS OR CONSTRUCTION: 723-0277

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
	EXSTINGUISHERS OUT		X	X	
	USE OF EXSTENSION CORDS		X	X	

NEW INFORMATION

Y	N	
☒	☐	SPRINKLER SYSTEM
☐	☒	COOKING HOOD SYSTEM
☒	☐	FIRE ALARM SYSTEM
☐	☒	STANDPIPE SYSTEM
☐	☒	COOKING SYSTEM
☐	☒	BARS/WIRE ON WINDOWS

OFFICER PREPARING REPORT: Capt. C McCullough	COMPANY A-1	DISTRICT 3	GROUP 2	DATE 7/21/99
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Dept.
Fire Safety Division
Public Safety Bldg. #300
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037
FAX: 428-6785

NOTICE OF VIOLATIONS

DATE JUL 30 1999

ARCTIC WHOLESALE — Name

274 N. GOODMAN ST — Address

Inspection of premises located at 274 N. GOODMAN ST reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: IMMEDIATE COMPLIANCE

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1163.13b) FIRE EXTINGUISHERS SHALL HAVE UPDATED INSPECTION TAGS

1163.11e EXTENSION CORDS SHALL BE REPLACED with PERMANENT FIXED WIRING

By Order of
FIRE MARSHAL

INSPECTOR

DATE OF COMPLIANCE _____ Inspector _____

FD506

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY: A01

INSPECTION #: 77352

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE: 51 — SPECIFIC PROPERTY USE: 551 — STRUCTURE TYPE: 2 — STRUCTURE STATUS: 2

NO ENTRY DATES:

BUSINESS NAME: ENCHANTED WORLD OF DOLLS — PHONE:
BUSINESS OWNER: MARY JANE MUSCARELLA
ADDRESS: 274 N GOODMAN ST ROCHESTER NY14607
PHONE: 244 0489
BUSINESS EMERGENCY: MARY JANE MUSCARELLA
ADDRESS: 6 CRABTREE CL WEBSTER NY14580
PHONE: 671 6519

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS: D 111

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

NEW INFORMATION

Y N

☐ ☒ SPRINKLER SYSTEM
☐ ☒ COOKING HOOD SYSTEM
☐ ☒ FIRE ALARM SYSTEM
☐ ☒ STANDPIPE SYSTEM
☐ ☒ COOKING SYSTEM
☐ ☒ BARS/WIRE ON WINDOWS

OFFICER PREPARING REPORT: Capt. C. McCullough	COMPANY: A-1	DISTRICT: 3	GROUP: 2	DATE: 7/21/99
BUS/PROP REPRESENTATIVE: Catina Gerciasi	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

INSPECTION # 77364

COMPANY: A01

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #:

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-8661
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN — ADDRESS: 70 EVANDALE RD — PHONE: 716-4619
CITY: ROCHESTER — STATE: NY — ZIP: 14610

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	162	2	2

NO ENTRY DATES: 7/2

BUSINESS NAME: POCKETS — PHONE:
BUSINESS OWNER: EDWARD TROMBLEY
ADDRESS: 274 N GOODMAN ST — ROCHESTER — NY14607
PHONE: 244 1140
BUSINESS EMERGENCY: EDWARD TROMBLEY
ADDRESS: 260 BASTIAN RD — ROCHESTER — NY14623
PHONE: 244 1140

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

DIRECTION ROOM #, ETC.	COMPLAINT
	☐ NO VIOLATIONS NOTED AT THIS TIME
	Hours 11AM - 6PM
	BUSINESS HAS MOVED OR CLOSED, SPACE
	IS NOW OCCUPIED BY AVALON.
Y N	
☒ ☐	SPRINKLER SYSTEM #4354
☐ ☐	COOKING HOOD SYSTEM
☐ ☐	FIRE ALARM SYSTEM
☐ ☐	STANDPIPE SYSTEM
☐ ☐	COOKING SYSTEM
☐ ☐	BARS/WIRE ON WINDOWS

OFFICER PREPARING REPORT: H. Brian Murray — COMPANY: A1 — DISTRICT: 3 — GROUP: 3 — DATE: 07/13/99

BUS/PROP REPRESENTATIVE: — POSITION / TITLE: — DATE OF REINSPECTION:

FIRE SAFETY INSPECTOR: — DATE:

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

PERMIT NUMBER: _____ FEE REQD: _____ _____

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 1999

INSPECTION DATE: 7-1-99

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09042	OVEN OPERATION - PIZZA

DATE VIOLATIONS ISSUED: 7-1 19 99 CORRECTED: _____ 19 ___

DATE OF APPROVAL FOR PERMIT: _____ 19 ___ SIGNATURE: A Dubuque

8/23/99 FOR OFFICE USE ONLY

DATE PERMIT ISSUED: 09043 19 ___ DATE EXPIRED: 9/30 19 00

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. Goodman St

DATE RECEIVED IN FIRE SAFETY: JUN 28 1999

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
								Avalon		
7-1-99	2:30			6						[illegible]
								Check on Certificate		
7-7	2:30 Re						6	Posting → OK - C of O.		
8-3	4:00 Re		X							
8-5			X					Called - No Answer		
8-13			X					Complete - Visual	X	[illegible]

FILE

PERMIT NUMBER: _____ FEE REQD: _____ _____

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 1999

INSPECTION DATE: 7-1-99

LOCATION: 274 GOODMAN ST N 10 OWNER: AVALON
2157 EAST AVENUE
ROCHESTER NY 14610

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ED GESKA PHONE NO: 4737250 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09043	OVEN OPERATION - PIZZA

DATE VIOLATIONS ISSUED: 7-1 19 99 CORRECTED: 8-13 19 99

DATE OF APPROVAL FOR PERMIT: 8-13 19 99 SIGNATURE: [signature]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 19 ____ DATE EXPIRED: _____ 19 ____

Fire Dept.
Fire Safety Division
Public Safety Bldg.
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037

NOTICE OF VIOLATIONS

DATE 7-1-99

Avalon
Name

274 N. Goodman
Address

Inspection of premises located at Same reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: Immediate Compliance 7-7-99 Reinspection Date

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

* 1175 - No Storage of Propane shall be allowed.

✓ 1163-136-1 Portable extinguishers shall be inspected annually.

✓ 1163.13e Fixed Hood System shall be inspected semi annually.

✓ 1163.12a Fixed Hood System shall be cleaned + free from grease.

✓ 1163.11e Extension cords shall not be used in place of permanent wiring.

✓ 1163.13 Curtains shall be removed from sprinkler pipe

Thank You

By Order of
FIRE MARSHAL

INSPECTOR S Imbriga

DATE of COMPLIANCE 8-13-99

Inspector S Imbriga

FD506

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☒ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. Goodman St

Person contacted: Telephone #:

FIRE DEPARTMENT PERMIT

Crocodile Rock Cafe

DATE RECEIVED IN FIRE SAFETY JUN 28 1999 / DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
7-1-99	2:00		2							[illegible]
7-29	24:00							Waiting for Eng Co.		
8-10	Re						2		X	[illegible]

FILE

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 1999

INSPECTION DATE: 7-1-99

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09042	OVEN OPERATION - PIZZA

DATE VIOLATIONS ISSUED: 7-1 19 99 CORRECTED: 8-10 19 99

DATE OF APPROVAL FOR PERMIT: 8-10 19 99 SIGNATURE: [signature]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 19 ___ DATE EXPIRED: _____ 19 ___

PERMIT NUMBER: FEE PAID:

Fire Dept.
Fire Safety Division
Public Safety Bldg.
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037

NOTICE OF VIOLATIONS

DATE 7-1-99

Crocodile Rock Cafe — Name
274 N. Goodman — Address

Inspection of premises located at Same reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: Immediate Compliance / 7-29-99

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1163-13b-1 Portable extinguishers shall be inspected annually.

1163.11e Extension cords shall not be used in place of permanent wiring.

Thank You

By Order of
FIRE MARSHAL

INSPECTOR S. Imbrizia

DATE of COMPLIANCE 8-10-99

Inspector S. Imbrizia

FD506

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 77368

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 085000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9065
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14610

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	~~59~~ 594	2	2

NO ENTRY DATES:

BUSINESS NAME: ~~RUSITZKY JOAN~~ The Studio — PHONE:
~~BUSINESS OWNER~~ ~~JOHN RUSITZKY~~
ADDRESS: ~~D213~~ George Schnell — ~~ROCHESTER NY 14607~~
59 Culver Rd. — PHONE: ~~442-2097~~ 256-2188
BUSINESS EMERGENCY: ~~JOAN RUSITZKY~~
ADDRESS: ~~3475 EAST AV~~ — ROCHESTER NY 14618
PHONE: ~~586-4492~~ 256-2881
CALL FOR APPOINTMENT BUSINESS OWNER
SPECIAL INSTRUCTIONS: APPT SCHEDULED FOR 6/29/99 930AM
SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME				
Y N					
☑ ☐	SPRINKLER SYSTEM				
☐ ☑	COOKING HOOD SYSTEM				
☑ ☐	FIRE ALARM SYSTEM				
☑ ☐	STANDPIPE SYSTEM				
☐ ☑	COOKING SYSTEM				
☐ ☑	BARS/WIRE ON WINDOWS				

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
TTB Costello	A1	B3	2	6-29-99
BUS/PROP REPRESENTATIVE: David C. Moore	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY

INSPECTION # 99 - 13765

ADDRESS: Goodman St. North | FROM / TO: 274 | TAX ACCT #: 442-9061

PROPERTY OWNER: Gary I Stern | ADDRESS: 274 N. Goodman St. | PHONE:
CITY: Rochester | STATE: NY | ZIP: 14607

MAILING NAME: Stern Realty | ADDRESS: 274 N. Goodman St. | PHONE:
CITY: | STATE: NY | ZIP: 14607

EMERGENCY CONTACT: Gary Stern | ADDRESS: 40 EVANDALE Rd | PHONE: 461-9867
CITY: Rochester | STATE: NY | ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	58	585	2	2

NO ENTRY DATES:

BUSINESS NAME: Village Gate Square | PHONE: 442-9061
BUSINESS OWNER: Gary Stern
ADDRESS: 274 N. Goodman St.
PHONE:
BUSINESS EMERGENCY
ADDRESS
PHONE:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				
	1) Sprinklers Inspected Appointment 7-1-99				
	2) Alarm Permit # ~~105~~ 4354				
	3) Stairwells from Apt. - OK				
	PP				

DISPOSITION by FIRE SAFETY:

OFFICER PREPARING REPORT: TT. B. Costello	COMPANY: A1	DISTRICT: B3	GROUP: 2	DATE: 6-29-99
BUS/PROP REPRESENTATIVE: David C. Moore	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

INSPECTION # 77351

COMPANY A01

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	535080-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9064
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9067
	CITY ROCHESTER STATE NY ZIP 14610	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	741	2	2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME ~~DYER WALTER LEATHER~~ OUTRAGEOUS VIDEOS & GIFTS PHONE
BUSINESS OWNER ~~PETER HEVERON~~
ADDRESS ~~274 N GOODMAN ST~~ ROCHESTER ~~NY 14607~~
274 N GOODMAN ST PHONE ~~461 0000~~ 647-6356
BUSINESS EMERGENCY ~~PETER HEVERON~~ PUAL PAPE NY 14613
ADDRESS ~~475 MILL RD~~ ~~PITTSFORD~~ ~~NY 14534~~
52 LAKEVIEW PK, ROCH. PHONE ~~381 6979~~

DISPOSITION by FIRE SAFETY:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				

Y	N	
☐	☐	**SPRINKLER SYSTEM**
☐	☐	**COOKING HOOD SYSTEM**
☐	☐	**FIRE ALARM SYSTEM**
☐	☐	**STANDPIPE SYSTEM**
☐	☐	**COOKING SYSTEM**
☐	☐	**BARS/WIRE ON WINDOWS**

OFFICER PREPARING REPORT: Capt. C. McCullough	COMPANY A-1	DISTRICT 3	GROUP 2	DATE 6/4/99
BUS/PROP REPRESENTATIVE: DONE WITHOUT CARD	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. Goodman St

Person contacted:

Telephone #:

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	RFD COMPLAINT NOTES	OK TO FILE	INSPECTOR
6/14	1:00							Refby Q-4		
								Fire Escapes		
								North + South Side		
								Unable to reach		
								ground - Block		
								Mail Boxes + Cans		
6/15	4:00		1							
6-28	2:30				X					
7-7	2:00					1	1	Reinspected	X	
								Voided Ticket		

FILE

Fire Dept.
Fire Safety Division
Public Safety Bldg. #300
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037
FAX: 428-6785

NOTICE OF VIOLATIONS

DATE 6-14-99

Gary Stern
Name

274 N. Goodman St
Address

Inspection of premises located at Same reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: 6-24-99.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1162.6a Obstructions beneath Fire Escape Ladders on North & South side of building shall be removed.
(North Side - Mail Boxes etc.)
(South Side - Cars Parked Underneath)

Thank You

By Order of
FIRE MARSHAL

INSPECTOR S Imbruzia

DATE OF COMPLIANCE 7-7-99

Inspector S Imbruzia

FD506

SMDISPLY SPECIAL MAILING MULTI-ADDRESS DISPLAY DATE: 06/15/99 DISPLAY

SBL NO: 106 . 840 - 0001 - 010 . 000 / 0000
OWNER: GARY I & MARCIA STERN FAMILY LIMITED PARTNERSHIP
LOCATION: 0274-302 N GOODMAN ST 14607

ARLM SPECIAL MAILING	REFUSE BILLING ADDRESS
GARY I & MARCIA STERN FAMILY LIMITED PARTNERSHIP 274 N GOODMAN ST ROCHESTER, NY 14607	VILLAGE GATE 274 N GOODMAN ST ROCHESTER, N Y 14607

WSE OWNER ADDRESS	WATER BILLING ADDR	PUREWATR BILLING ADDR
GARY I & MARCIA STERN FA 0274 N GOODMAN ST N ROCHESTER NY 14607	WSE OWNER ADDRESS IS BILLING ADDRESS	VILLAGE GATE SQUARE 274 N GOODMAN ST ROCHESTER, NY 14607

TAX BILL PAYEE	BIS SPECIAL MAILING	FUTURE USE
STERN GARY I 274 N GOODMAN ST ROCHESTER, NY 14607	NOT AVAILABLE	

NNNN

PF14-TRANSFER TO WBSPEC TO VIEW ADDITIONAL WSE ADDRS'S PF12-RETURN TO ARMXLOC

City of Rochester

TM

Office of the Fire Marshal
Fire Department

Room 305
Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037

VOID REQUEST FOR MUNICIPAL CODE VIOLATIONS BUREAU TICKET

TICKET NUMBER: 195926

PROPERTY ADDRESS: 274 N. Goodman St

DEFENDANT'S NAME: Gary Stern

DEFENDANT'S ADDRESS: Same

REASON FOR VOID: Work was completed as requested 7-5-99. Owner out of town previously

VOIDED BY: S Imbriga ID No. 1060

DATE: 7-7-99

FIRE MARSHAL

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. Goodman

Person contacted: Telephone #:

PERSON ABOVE IS SUMMONED TO APPEAR AT:
MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
6-29								Sent Ticket		
7-28	9:00							Court		
7-7								Voided Ticket	X	DB

1959

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Stern
Last Name (Defendant) First M.I.

274 N. Goodman St
Street Address Apt. #

Rochester N.Y. 14607
City State Zip

/ / D.O.B. Sex Summons Issued To

LICENSE INFORMATION

License # _____ Exp Date ___/___/___

☐ Amusement Center ☐ Entertainment Center ☐ Alarm Permit

☐ Taxi Driver ☐ Solicitor/Vendor ☐ _____

☐ Dog: Color _____

Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

274 N. Goodman St.
Place of Occurrence Rochester, Monroe Co., N.Y.

6 / 24 / 99 4:30 A.M./P.M.
Date Time

OFFENSE Obstructing Fire Escape

In violation of Chapter NYCRR SEC 1162 SUB 6A of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place

Owner Did Not Respond to request for removal of Fire Escape Obstructions

PERSON ABOVE IS SUMMONED TO APPEAR AT:

☒ MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

☐ CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.

☐ CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: 7-28-99 day of 19 99

at 9:00 A.M./P.M.

FINE SCHEDULE: A B C D E DOG REFUSE ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT J. Balunga 6-29-99
Date

ID # 1060 SEC Fire Dept

REV 10/95 G.O. 565

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE 501 (FD. Compl.)

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: APR 22 1998 DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER X 5954.	OK TO FILE	INSPECTOR
4/26/99							X	All sprkler conn's identified / spray painted by inspector for increased visibility — 3 conn.	X	AR

FILE

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 09417

COMPANY Q-7
ADDRESS 274 N. GOODMAN ST.
FROM / TO
TAX ACCT #

PROPERTY OWNER | ADDRESS | PHONE
CITY | STATE | ZIP

MAILING NAME | ADDRESS | PHONE
CITY | STATE | ZIP

EMERGENCY CONTACT | ADDRESS | PHONE
CITY | STATE | ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME VILLAGE GATE | PHONE
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
O	SPRINKLER SYSTEM HOOK-UPS POORLY MARKED.			✓	
O	SPRINKLER SYSTEM HOOK-UPS CONFUSING			✓	
O	BUILDING LAY-OUT POORLY MARKED			✓	
	POSSIBLE CHANGE OF USE?	✓			

DISPOSITION by FIRE SAFETY:

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt. David Kaltenbach	Q-7	B-3	2	3-30-99

BUS/PROP REPRESENTATIVE: AS A RESULT OF INC # 9907134 | POSITION / TITLE | DATE

FIRE SAFETY INSPECTOR: | DATE 4/26/99

RFD 501 REV. 12/90

COPY TO FIRE SAFETY

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM

	INCIDENT #	BOX #	NODE #	ADDRESS NUMBER	STREET	TYPE	DIR
A	9907134		33014	2714	GOODMAN	ST	W

DATE MO	DA	YR	DAY OF WEEK	WEATHER COND	TEMP	ALARM TYPE	GOV'T BLDG
03	30	58	3	1	4	1	

TIMES

FIRST ALARM

TIME OF ALARM	CODE 9 ENGINE	CODE 9 TRUCK	UNDER CONTROL	CODE 2 TIME
21:53	21:56	21:56	:	22:31

EXTRA UNITS SENT

TIME OF ALARM	CODE 9 ENGINE	CODE 9 TRUCK	TIME OF ALARM	CODE 9 ENGINE	CODE 9 TRUCK
:	:	:	:	:	:

SECOND ALARM

TIME OF ALARM	CODE 9 ENGINE	CODE 9 TRUCK	AMBULANCE CODE 9	B/C CODE 9
:	:	:	:	21:57

RESPONSE

FIRST ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
Q014	W	M014	W	Q017	W	M017	W	E17	W	B13	W				

EXTRA UNITS SENT

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

MULTIPLE ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

DESCRIPTION OF FIRE

INC TYPE	TYPE CONST	STORIES	SPECIFIC PROPERTY USE	MOBILE PROP TYPE	AREA OF ORG.	EQUIP INV	FORM OF HEAT IGN	FORM MAT'L	TYPE MAT'L	IGN FACTOR	CODE 5	STRUC DMG	DRUG RELATED
251													

YEAR	MAKE	MODEL	LICENSE NUMBER	SERIAL NUMBER	VOLTAGE

FIRE EXTENDED TO _____ EXT OF FLAME DMG

OWNER/OCCUPANT

OWNER/ INITIALS	NAME	OCCUPANT INITIALS	NAME
	VILLIAGE GATE		

OWNER ADDRESS NUMBER	STREET	TYPE	DIR	CITY	STATE	ZIP

COMBAT

NUMBER USED BOOST	1 1/2"	1 3/4"	2 1/2"	3"	M.S.	OXY	PORT ABLE	FOAM	AMOUNT OF WATER USED	SPKLR	STAND PIPE	HYD PRESS	HYD COND	SMOKE DET	ENTRY
															01

AFTERMATH

DOLLAR LOSS OF PROPERTY	NUMBER OF RESCUES	INJURED CIV.	INJURED F.F.	DEAD CIV.	DEAD F.F.	REFERRED TO:
						☑ FIRE SAFETY ☐ FIRE INVESTIGATION

REMARKS OVERHEATED POT ON STOVE

RANK	INIT.	NAME	GRP CPY	BATT	SIGNED:
LT	D	KALTENBACH	2Q07	1	David Kaltenbach

RFD 101 REV. 12/91

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION / COMPLAINT FORM

INSPECTION # 09417

COMPANY Q-7

ADDRESS 274 N. GOODMAN ST.

FROM / TO

TAX ACCT #

PROPERTY OWNER

ADDRESS

PHONE

CITY

STATE

ZIP

MAILING NAME

ADDRESS

PHONE

CITY

STATE

ZIP

EMERGENCY CONTACT

ADDRESS

PHONE

CITY

STATE

ZIP

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME VILLAGE GATE

PHONE

BUSINESS OWNER

ADDRESS

PHONE

BUSINESS EMERGENCY

ADDRESS

PHONE

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
O	SPRINKLER SYSTEM HOOK-UPS POORLY MARKED.				
O	SPRINKLER SYSTEM HOOK-UPS CONFUSING				
O	BUILDING LAY-OUT POORLY MARKED				
	POSSIBLE CHANGE OF USE?				

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt. David Kaltenbach	Q-7	B-3	2	3-30-99
BUS/PROP REPRESENTATIVE: AS A RESULT OF INC # 9907134	POSITION / TITLE			DATE
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/90

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT

FIRE SAFETY DIVISION
300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 04/23/99

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

00-05054	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 50

TREASURER CLERK
MAY04'99 10:24AM
C CLERK 02
1 FIRE PVN 50.00
SUBTOTAL 50.00
TOTAL 50.00
CHECK 50.00
ITEM 1
7214 02 0101 MAY04'99 10:24A

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 05/31/00

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

00-05054	PERMIT NUMBER
04/23/99	INVOICE DATE
05/23/99	DUE DATE
$ 50	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN STREET
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 03/17/99

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

MONROE REPROGRAPHICS INC
274 GOODMAN ST N

00-04053	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10A	FLAMMABLE LQD STORAGE - CLS I	$ 50
5412B10B	CMBSTBLE LQD STORAGE - CLS II,III	$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	$ 50
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	$ 60

TREASURER CLERK
APR05/99 11:56AM
C CLERK 02
1 FIRE PVN 210.00
SUBTOTAL 210.00
TOTAL 210.00
CHECK 210.00
ITEM 1
4958 02 0101 APR05/99 11:56A

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

00274 GOODMAN ST N

00-04053	PERMIT NUMBER
03/17/99	INVOICE DATE
04/17/99	DUE DATE
$ 210	AMOUNT DUE

MONROE REPROGRAPHICS INC
274 GOODMAN ST N
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: MAR 2 1999 DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
3/3/99								OL	X	AL

FILE

INSPECTION REPORT PERMIT MONTH: MAY 1999

INSPECTION DATE: 3/3/99

LOCATION: 274 GOODMAN ST N 01 OWNER: STERN REALTY & MANAGEMENT CO
274 N GOODMAN STREET
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: GARY STERN PHONE NO: APPOINTMENT:(Y/N) ____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B18	50	05110	ACETYLENE/FLAMMABLE GAS USAGE

DATE VIOLATIONS ISSUED: _____ 19 ____ CORRECTED: _____ 19 ____

DATE OF APPROVAL FOR PERMIT: 3/3 / 19 99 SIGNATURE: [signature]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 19 ____ DATE EXPIRED: _____ 19 ____

PERMIT NUMBER: _____ FEE REQD: _____

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION 274 N. GOODMAN ST #B-282

DATE RECEIVED IN FIRE SAFETY: MAR 1 1999

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
3/2/99							✓	1 ama		AR

FILE

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM

A | INCIDENT # 9903906 | BOX # | NODE # 3301 4 | ADDRESS NUMBER 274 | STREET GOODMAN | TYPE | DIR. S J N

DATE MO 02 DA 16 YR 99 | DAY OF WEEK 3 | WEATHER COND 1 | TEMP 5 | ALARM TYPE 1 | GOV'T BLDG

TIMES

FIRST ALARM

TIME OF ALARM 1751 | CODE 9 ENGINE 1755 | CODE 9 TRUCK 1755 | UNDER CONTROL | CODE 2 TIME 1820

EXTRA UNITS SENT

TIME OF ALARM | CODE 9 ENGINE | CODE 9 TRUCK | TIME OF ALARM | CODE 9 ENGINE | CODE 9 TRUCK

SECOND ALARM

TIME OF ALARM | CODE 9 ENGINE | CODE 9 TRUCK | RG+E ~~AMBULANCE~~ CODE 9 1809 | B/C CODE 9 1755

RESPONSE

FIRST ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
Q04	W	MD4	W	BC3	W										

EXTRA UNITS SENT

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

MULTIPLE ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

DESCRIPTION OF FIRE

INC TYPE 41 | TYPE CONST | STORIES | SPECIFIC PROPERY USE | MOBILE PPOP TYPE | AREA OF ORG. | EQUIP INV | FORM OF HEAT IGN | FORM MAT'L | TYPE MAT'L | IGN FACTOR | CODE 5 | STRUC DMG | DRUG RELATED

YEAR | MAKE | MODEL | LICENSE NUMBER | SERIAL NUMBER | VOLTAGE

FIRE EXTENDED TO _____ EXT OF FLAME DMG

OWNER/OCCUPANT

OWNER/ INITIALS | NAME | OCCUPANT INITIALS | NAME

OWNER ADDRESS NUMBER | STREET | TYPE | DIR | CITY | STATE | ZIP

COMBAT

NUMBER USED BOOST | 1 1/2" | 1 3/4" | 2 1/2" | 3" | M.S. | OXY | PORT ABLE | FOAM | AMOUNT OF WATER USED | SPKLR | STAND PIPE | HYD PRESS | HYD COND | SMOKE DET | ENTRY

AFTERMATH

DOLLAR LOSS OF PROPERTY | NUMBER OF RESCUES | INJURED CIV. F.F. | DEAD CIV. F.F. | REFERRED TO: [X] FIRE SAFETY [ ] FIRE INVESTIGATION

REMARKS ODOR OF NATURAL GAS IN SUITE B-282 - LEAK IN FITTING NEAR FURNACE - R.G.+E HANDLED R.G+E ON SCENE AT 1809 FIRE SAFETY CHECK COMBUSTIBLES NEAR FURNACE AT NIK AND NICE GUYS SUITE B-282

RANK BC | INIT. S | NAME TRENTON | GRP CPY HBC33 | BATT | SIGNED: Stephen Trenton

RFD 101 REV. 12/91

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 GOODMAN ST. N.

DATE RECEIVED IN FIRE SAFETY: FEB 3 1999

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
2/22/99	1p							2 viol 2 ord		AL
2/26/99								1 con		AL
3/2/99								1 con	X	AL

FILE

442-6061

~~Chief~~ GARY Stemm

Parking Lot C

INSPECTION REPORT PERMIT MONTH: APRIL 1999

INSPECTION DATE: 2/22/99 @ 1P.

LOCATION: 274 GOODMAN ST N 02 OWNER: MONROE REPROGRAPHICS INC
274 GOODMAN ST N
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: TAMMY SIMMONS PHONE NO: 4736600 APPOINTMENT:(Y/N) ____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10A	50	04054	FLAMMABLE LQD STORAGE - CLS I ✓
5412B10B	50		CMBSTBLE LQD STORAGE - CLS II,III ✓ inks
5412B12C	50		CORROSIVE LIQUIDS - OVER 55 GAL ✓ outside Storage
5412B17	60		COMBUSTIBLE MATERIAL STORAGE - OVER ✓ paper

210.

DATE VIOLATIONS ISSUED: _____ 19 ____ CORRECTED: _____ 19 ____

DATE OF APPROVAL FOR PERMIT: 3/2/ 19 99 SIGNATURE: [signature]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 19 ____ DATE EXPIRED: _____ 19 ____

PERMIT NUMBER: _____ FEE REQD: _____

Fire Dept.
Fire Safety Division
Public Safety Bldg. #300
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037 /7038
FAX: 428-6785

NOTICE OF VIOLATIONS

DATE 2/22/99

Monroe Reprographics Inc. — Name
274 N. Goodman St — Address

Inspection of premises located at SAME. reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: 2/29/99.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

(1) Excessive combustible storage next to building @ Monroe Repro (paper bales) 1191.2A. ✓

(2) Sprinkler connection signage missing @ Parking Lot. C 1194.1C ✓

By Order of
FIRE MARSHAL

INSPECTOR Al Richards

DATE OF COMPLIANCE 3/2/99

Inspector Al Richards

FD506

FIRE SAFETY
12424
1-28-99

City of Rochester

FILE COPY

Records Access Applicatio

(Please print or type)

1/27/99
Date

85 METRO PARK
Address

JEFFREY S. IGNASZAK
Print Name

ROCHESTER, N.Y. 14623

THE SEAR-BROWN GROUP
Representing

(716) - 475-1440 x755
Telephone

Signature

I hereby apply to inspect ☐ and/or copy ☐ the following record(s):

B.I.S. AND FIRE MARSHAL FILES FOR:
ALEXANDRIA BUILDING
300 ALEXANDER ST.
ROCHESTER, NY. 14607.

Return completed application to:
Records Access Officer
Bureau of Communications &
Special Events
City Hall
30 Church Street
Rochester, New York 14614

There is a 25¢ per page charge for copying most records. For more information on public access to records, call 428-7135.

For agency use only

☐ Approved

☐ Denied

☐ Record not Maintained by City

Records Access Officer

Date

For appeal only

If you wish to appeal the Record Access Officer's decision on your application for public access to records, sign below and send this form within 30 days to: Corporation Counsel, City Hall, 30 Church Street, Rochester, New York 14614.

I hereby appeal:

Signature

Date

FD570

FIRE SAFETY INSPECTION RECORD

☒ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: JAN 22 1999

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
1/26/99	10:45	Rick						ANALON	X	RON
								ZICE		
								FILE		

CITY OF ROCHESTER
CERTIFICATE OF USE APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT
30 CHURCH STREET
ROCHESTER, NEW YORK 14614

BUSINESS INFORMATION

Business Name: AVALON
Business Address: 274 N GOODMAN ST **Zip:** 14607
Business Type: BAR
Historic Hours of Operation: 04:00 PM to 02:00 AM
Certificate Color:
Approved Licenses: LIQ MONR OP-0232 990 1

Business Owner: CENTRAL PARK OF ROCHESTER,INC
SSN/Tax ID#: 16-1500973
Home Address: 2157 EAST AV **Phone:** 000 000-0000
ROCHESTER, NY
Zip: 14610
Mail to: BUSINESS ADDRESS
Property Owner: GARY I & MARCIA STERN FAMILY

I understand that false statements made on this application may result in the denial or loss of the Certificate of Use.

Business Owner Signature: _____

BUILDING BUREAU
ROOM 121
9:58AM Nov 10/98
01-0002 001 Tony
#05001
Cert Use $25.00
INFO 274NGOODMAN
No Fee $25.00

(FOR CITY USE ONLY)

APPROVALS REQUIRED: **FEE:**

APPROVED HOURS OF OPERATION unlimited **AM/PM** to _____ **AM/PM**

DCD/ZONING: [signature] **DATE:** 11/12/98

DCD/BUILDINGS: _____ **DATE:** _____

RFD/FIRE SAFETY: Ron Sh[illegible] **DATE:** 1/26/99

RPD: _____ **DATE:** _____

DCD/PC: _____ **DATE:** _____

DATE OF APPROVAL: 1/26/99 **C of U#:** 001285

FILE

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: JAN 22 1999

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
1/26/99	11:30	Tom						CALIFORNIA ROLLIN	X	RON

FILE

FILE

CITY OF ROCHESTER
CERTIFICATE OF USE APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT
30 CHURCH STREET
ROCHESTER, NEW YORK 14614

BUSINESS INFORMATION

Business Name: CALIFORNIA ROLLIN (SUSHI BAR)
Business Address: 274 N GOODMAN ST **Zip:** 14607
Business Type: RESTAURANT
Historic Hours of Operation: 11:00 AM to 10:00 PM
Certificate Color: PINK
Approved Licenses:

Business Owner: THOMAS C. BEAMAN, SR
SSN/Tax ID#: 16-1507702
Home Address: 1174 YORK ST **Phone:** 716 271-8990
HONEOYE FALLS, NY
Zip: 14592
Mail to: BUSINESS ADDRESS
Property Owner: GARY I & MARCIA STERN FAMILY

I understand that false statements made on this application may result in the denial or loss of the Certificate of Use.

Business Owner Signature: [signature]

(FOR CITY USE ONLY)

APPROVALS REQUIRED: **FEE:**

APPROVED HOURS OF OPERATION unlimited **AM/PM** to _____ **AM/PM**

DCD/ZONING: _____ (SJ) **DATE:** 1/17/98

DCD/BUILDINGS: _____ **DATE:** _____

RFD/FIRE SAFETY: Ron Shultz **DATE:** 1/26/99

RPD: _____ **DATE:** _____

DCD/PC: _____ **DATE:** _____

FILE

DATE OF APPROVAL: _____ **C of U#:** 001287

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Aunlon
Last Name (Defendant) First M.I.

274 N Goodman St
Street Address Apt. #

Roch, NY 14610
City State Zip

___/___/___ ___ Certified
D.O.B. Sex Summons Issued To

LICENSE INFORMATION

License # _____ Exp Date ___/___/___

☐ Amusement Center ☐ Entertainment Center ☐ Alarm Permit

☐ Taxi Driver ☐ Solicitor/Vendor ☐ _____

☐ Dog: Color _____

Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

274 N Goodman St
Place of Occurrence Rochester, Monroe Co., N.Y.

10/12/98 4:00 A.M./P.M.
Date Time

OFFENSE No fire dept Permit

In violation of Chapter 54 SEC 54 12B16 SUB _____ of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place

Operating Baking
oven in Rest. without
Fire dept Permit

PERSON ABOVE IS SUMMONED TO APPEAR AT:

☒ MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

☐ CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.

☐ CITY COURT PART V (VIOL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: 11/4 day of 19 98

at 9:00 A.M./P.M.

FINE SCHEDULE: A (B) C D E DOG REFUSE ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT [signature] 10-12-98
Date

ID # 65 SEC Fire Safety

REV 10/95 G.O. 565

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted: AVALON

Telephone #:

PERSON ABOVE IS SUMMONED TO APPEAR AT:
MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

DATE RECEIVED IN FIRE SAFETY: OCT 12 1998

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
10/12								COURT 11-4-98		RS
11/4/98	9A							NO SHOW		
12/09/98								PAID $150	X	OD

Z 127 794 678

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	AVALON
Street & Number	274 N Goodman
Post Office, State, & ZIP Code	
Postage	$ 2.77
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.77
Postmark or Date	10-13

PS Form 3800, April 1995

FILE

City of Rochester
FIRE DEPARTMENT

FIRE SAFETY DIVISION
300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 08/24/98

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

AVALON
274 GOODMAN ST N

99-09043	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30
	TOTAL	$ 30

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/99

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

274 GOODMAN ST N

99-09043	PERMIT NUMBER
08/24/98	INVOICE DATE
09/24/98	DUE DATE
$ 30	AMOUNT DUE

ED GESKA
AVALON
2157 EAST AVENUE
ROCHESTER NY 14610

Y

FD513

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/24/98

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

AVALON
274 GOODMAN ST N

99-09043	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30

TREASURER CLERK
NOV20'98 11:32AM
C CLERK 02
1 FIRE PVN 30.00
SUBTOTAL 30.00
TOTAL 30.00
CHECK 30.00
ITEM 1
0546 02 0101 NOV20'98 11:32A

FILE

Bon

... Code provisions now adopted, or that may hereafter be adopted, ... with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/99

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Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

274 GOODMAN ST N

99-09043	PERMIT NUMBER
08/24/98	INVOICE DATE
09/24/98	DUE DATE
$ 30	AMOUNT DUE

ED GESKA
AVALON
2157 EAST AVENUE
ROCHESTER NY 14610

FD513

ODTKTDS ORD-DISPLAY ORDINANCE SUMMONS BY NUMBER DATE: 04/21/99 *

SUMMONS ID FC 0187243 LAST CHG DATE 112098
RECEIPIENT NAME AVALON LAST CLERK ID 0060
ADDRESS 274 N GOODMAN ST
CITY ROCHESTER NY 14610

BALANCE DUE	TOTALS: -AMT/PAID	+ADJ/FINE	-ADJ/ADJ	+ADMIN/DBT	-ADMIN/WO
0	00150	00150	0	0	0

HEARING DATA:	SCH-DTE	SESS	ROOM	X-RESCHED	EXAM-ID	APPEAR	ADJ-VALUE
	110498	1	2	0	0273	NO	00150

FILING:	FILING-DTE	TYPE	EXAM-ID	GRANTED	BOND-POSTED
	000000	0	0000		00000

REHEARING:	SCH-DTE	SESS	ROOM	X-RESCHED	EXAM-ID	APPEAR	ADJ-VALUE
	000000	0	0	0	0000		00000

JUDGMENT DATA:	JDG-DTE	DF-SENT	JDG-SENT	JDG-ORG-VAL	COL-AGY	REL-DTE
	120998	YES	NO	00000		000000

PF18 - SUMMONS POSTINGS
ODTKTPS ORD-DISPLAY SUMMONS POSTINGS DATE: 04/21/99 DISPLAY

LAST CLK ID 0060 SUMMONS ID FC 0187243 LAST CHG DATE 112098

RECIPIENT NAME: AVALON

VIOLATION DATA:	LOCATION	DATE	TIME	A/P	ISSUE DTE	OFFCR ID
	274 N GOODMAN ST	101298	0400	P	101298	6546
CHARGE NO FIRE DEPT PERMIT			SECTION 5412-B16			

POSTING TRANS:

TYPE	AMOUNT	REA	POST DTE	ENTRY DTE	POST CLK	AUTH CLK
5	150	82	110498	110698	28	
1	150	1	111998	112098	60	

PF17 - SUMMONS BY NBR

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01
ADDRESS GOODMAN ST N
FROM / TO 274
INSPECTION # 98 - 00156
TAX ACCT #
PROPERTY OWNER
ADDRESS
PHONE 000-0000
CITY
STATE
ZIP
MAILING NAME
ADDRESS
PHONE
CITY
STATE
ZIP
EMERGENCY CONTACT
ADDRESS
PHONE 000-0000
CITY
STATE
ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:
6/13/98
7/7/98
9-18-98

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME CENTRAL PARK CAFE
PHONE
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
	NO LONGER IN BUSINESS				

FILE

OFFICER PREPARING REPORT: LT [signature]	COMPANY A-1	DISTRICT B3	GROUP 4	DATE 22 SEPT 98
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/24/98

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

AVALON
274 GOODMAN ST N

99-09043	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30

TREASURER CLERK
NOV20/98 11:32AM
C CLERK 02
1 FIRE PVM 30.00
SUBTOTAL 30.00
TOTAL 30.00
CHECK 30.00
ITEM 1
05/45 02 0101 NOV20/98 11:32A

complied with, and said Permit will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/99

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

274 GOODMAN ST N

99-09043	PERMIT NUMBER
08/24/98	INVOICE DATE
09/24/98	DUE DATE
$ 30	AMOUNT DUE

ED GESKA
AVALON
2157 EAST AVENUE
ROCHESTER NY 14610

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FIRE SAFETY INSPECTION RECORD

☐ LICENSE
☐ PERMIT

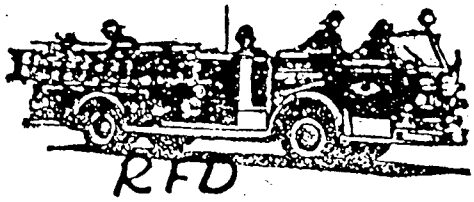
☒ EAST
☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted: Jonnie

Telephone #:

DATE RECEIVED IN FIRE SAFETY: SEP 15 1998



RFD COMPLAINT

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
9/18/98		✓						Not Here during day Call for LWSP - leave mess.		[illegible]
10/2	250							LIC NOT Needed KARATE studio	✓	

FILE

FILE

Inspect Eves or Sat

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

BUILDING INSPECTION / COMPLAINT FORM

COMPANY A01

INSPECTION # 98 - 00188

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 481-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51		2	2

NO ENTRY DATES:
5/6/98 11:00am LTSS #3
07/10
08/13

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME: ROCHESTER TAI CHI CENTER PHONE:
BUSINESS OWNER:
ADDRESS: A404
PHONE: 461 0130
BUSINESS EMERGENCY ADDRESS:
PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION:

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
	Amusement Lic. - Fire Safety				

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE 10/2/98

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 08/24/98

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

CROCODILE ROCK CAFE
274 GOODMAN ST N

99-09042	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B16B	OVEN OPERATION - PIZZA	$ 30

TREASURER CLERK
SEP09/98 10:36AM
C CLERK 02
1 FIRE PVN 30.00
SUBTOTAL 30.00
TOTAL 30.00
CHECK 30.00
ITEM 1
B159 02 0101 SEP09/98 10:36A

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 09/30/99

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

274 GOODMAN ST N

99-09042	PERMIT NUMBER
08/24/98	INVOICE DATE
09/24/98	DUE DATE
$ 30	AMOUNT DUE

CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY

INSPECTION # 83132

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N. GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALITY — ADDRESS: 274 N. GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461 9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES — GENERAL PROPERTY USE — SPECIFIC PROPERTY USE — STRUCTURE TYPE — STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: SALENA'S MEXICAN RESTAURANT — PHONE: 256 5980
BUSINESS OWNER: ALBERT DEBLIECK
ADDRESS: 70 Quentin RD 14609 — PHONE: 482 5626
BUSINESS EMERGENCY: ALBERT DEBLIECK
ADDRESS: — PHONE: Cell # 766 2812

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
KITCHEN	REPLACE MISSING CEILING TILES			X	
KITCHEN	EMERGENCY LIGHTING NOT WORKING			X	

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
TLT. G. MORIO	A-1	3	3	8-21-98
BUS/PROP REPRESENTATIVE: Albert DeBlieck	POSITION / TITLE: Owner			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

FD57

FIRE SAFETY INSPECTION RECORD

~~[illegible]~~ LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: AUG 7 1998

DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER AVALON	OK TO FILE	INSPECTOR
8/7/98		Melissa						Opening 8/26		RS
8/17/98	2:00	Tonya				X		Will Need Oven Permit		Shelo
~~8/20/98~~								Reinspect 8/20 with B/B for C of O owner to Call		Shelo
8/19	3:00	Ed Geska							X	

FILE

RESTAURANT AND NIGHTCLUB

Live National Acts
Hot DJ Mix
Free Parking in Rear

OPEN
Tuesday-Saturday
11:00am - 2:00am
473-7250

AVALON

At Village Gate
274 N. Goodman St.

FILE

[ ] RENEWAL
(prev # ____)

CITY OF ROCHESTER
BUREAU OF TREASURY
100A CITY HALL
ROCHESTER, NY 14614

137.50

LIC# _____
ISS _____
EXP _____

LICENSE APPLICATION

(Indicate license type with an "X")

[X] AMUSEMENT CENTER [ ] ENTERTAINMENT CENTER [ ] DANCE
sq ft _____ seating _____

APPLICANT: CENTRAL PARK OF Rochester Inc | 473-7250 | DATE OF BIRTH: ___|___|___
full name | phone

274 N. Goodman St. | Rochester | NY | 14607
residence # street | city | state | zip

ACTIVITY: (describe) Restaurant Nite Club

NOTE: If the APPLICANT or PROPERTY OWNER is a partnership, give name, D.O.B. & home address of each partner; if a corporation, give name, D.O.B. & home address of all officers and shareholders; if d.b.a., give name, D.O.B. & home address of principals. (use back side if needed)

PROP OWNER: GARY STERN | _____ | DATE OF BIRTH: ___|___|___
full name | phone

_____ | _____ | ___ | _____
residence # street | city | state | zip

PREMISES: AVALON | 473-7250
name of business | phone

274 N. GOODMAN ST | Rochester | N.Y. | 14607
address # street | city | state | zip

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th DAY OF August, 19 98

Comm Deeds/Notary Public

signature of applicant | 8-4-98
date

office use only

PLEASE FORWARD APPROVED FORMS TO TREASURER'S OFFICE

CZC NO. 0981927 Unlimited

APPROVED: R. Richardson | 8/5/98
Zoning | date

APPROVED: Ronald Shub | 8-19-9
Fire Safety Inspector | date

APPROVED: _____ | _____
Fire Marshall | date

FILE

DISTRIBUTION:
wht - police
pnk - fire
blu - bldng
yel - treas

FIRE SAFETY DIVISION
PUBLIC SAFETY BLDG.
ROCHESTER, NEW YORK 14614
TELEPHONE: 428-7037

CITY OF ROCHESTER

FIRE DEPARTMENT

APPLICATION FOR PERMIT

To use, maintain, store, manufacture, transport, install, conduct processes or carry on operations involving or creating conditions deemed hazardous to life or property.

To Fire Marshal, City of Rochester, N. Y.

Application is hereby made by the undersigned for a Permit to { Use / Install / Operate / ~~Conduct~~ } { Maintain / Store / Manufacture / Transport }

AVALON for

the following materials, processes or operations.

(Describe briefly what is to be done and state what hazardous materials are to be used.)

PIZZA OVEN

Conditions, surroundings and arrangements to be in accordance with the Fire Prevention Code and Rulings of the Fire Safety Division of the City of Rochester.

This application is / is not approved insofar as Zoning and Building Ordinances are concerned.

Zoning Administrator

Director of Buildings

ED GESKA
Name of Applicant

2157 EAST AVE
Address of Applicant

(Insert mailing address also, if different from above)

8-20-98
Date

Complete plans and construction details must be filed on all major projects and when requested by the Fire Commissioner and/or the Fire Marshal.

FD522\81

INSPECTION REPORT

Date 8-20-88

Location 274 N Goodman Owner Ed Peska

Occupant Type of Operation Rest / Bar

Conditions, surroundings and arrangements found:

5412B16B

PIZZA OVEN

Required permit(s) with fee(s)

5412B16B - $30

Date Violations Issued ~~8/14~~ 19~~88~~; Corrected 19

Date of Approval for Permit 8/20 1988

Fire Safety Inspector

(For Office Use Only)

Date Permit Issued Date Approved

Permit Number Fee Required

Fire Marshal

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☒ SPECIAL

LOCATION: 274 N. GOODMAN - VILLAGE GATE

Person contacted: DAVID POWELCZYK Telephone #: 227-8870

DATE RECEIVED IN FIRE SAFETY: 8/3/98 DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	ALARM TEST 521-0832 - PAGER FILE NOTES	OK TO FILE	INSPECTOR
8/5/98	10 A.M.							- INSTALL:		
								- STROBE IN KITCHEN		
								- STROBE REAR ATRIUM WALL		
								- PULL BOX PATIO EXIT		
								- LOWER STROBE AT		
								HALLWAY EXIT TO ATRIUM		
								- TIE IN ALARM		
								TO HOOD SYSTEM		
								- CLEAN/INSPECT		
								HOOD SYSTEM		
~~8/11/98~~	~~10 A.M.~~									
8-14-98	2:00								X	

City of Rochester

Fire Safety Division
Fire Department

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037
(716) 428-6069 Fax

DATE: 8/5/98

DON
TEDISCO

274 N. GOODMAN ST.

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the FIRE ALARM

at the premises located at 274 N. GOODMAN ST.

No violations were noted.

O.K. For Temp C/O

Sincerely,

Code Enforcement Officer
(716) 428-7037

(alrmtest)

DAVID J.POWELCZYK
21 DUTCHESS DR
ROCHESTER,NEW YORK 14612

716-227-8870

RE:274 NO .GOODMAN ST,1ST FLOOR D BLDG ,NIGHT CLUB

ROCHESTER,N.Y.14607
I HAVE INSTALLED ADDED PULLS BOXES AND STROBE/HORNS TO EXISTING FIRE ALARM SYSTEM. THESE WERE ADDED TO EXISTING 1ST FLOOR ZONE. THEY WERE INSTALL INACCODANCE TO STATE AND LOCAL NFPA CODES. ON 08/05/98 SYSTEM WAS TESTED IN PRESENCE OF CITY OF ROCHESTER FIRE SAFETY DIVISION.

DAVID J. POWELCZYK
NYS UNIQUE ID # 12000177029

ANDERSON AV

City of Rochester

Fire Safety Division
Fire Department

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037
(716) 428-6069 Fax

DATE: Aug 14, 1998

DON TEDISCO

Avalon Bar
274 N. Goodman St

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the Hood Supression Test Alarm Test

at the premises located at Avalon Bar - 274 Goodman St N.

No violations were noted.

Sincerely,

Code Enforcement Officer
(716) 428-7037

(alrmtest)

Roch Fire
EQUIPMENT CO., INC.
64 MARSHALL ST.
ROCHESTER, NY 14607
(716) 546-6765

FAX TRANSMITTAL FROM: (716)-546-6809

FAX NUMBER: 428-6785

DATE: 8-18-98

TO: Avalon's Rest

ATTN: SAM Alicote

FROM: Rob

PAGES BEING SENT INCLUDING COVER SHEET:

COMMENTS:

IF YOU HAVE ANY PROBLEMS PLEASE CALL AT (716)-546-6765

INVOICE

INVOICE DATE	INVOICE NO.	PAGE
08/14/98	59578	1

Rochester Fire
EQUIPMENT CO., INC.
64 MARSHALL ST. ROCHESTER, NY 14607
PH. (716) 546-6765 • FAX (716) 546-6849

SOLD TO
AVALON'S RESTAURANT
274 NORTH GOODMAN STREET
ATTN: ED GUSKA
ROCHESTER, NY 14607

SHIP TO
AVALON'S RESTAURANT
274 NORTH GOODMAN STREET
ATTN: ED GUSKA
ROCHESTER, NY 14607

ORDER NUMBER	ORDER DATE	CUSTOMER NUMBER	SALES-MAN	PURCHASE ORDER NO.	SHIP VIA	SHIP DATE	TERMS
59615	08/14/98	A10520	RC		OUR DELIVERY	ASAP	NET 30 DAYS

QUANTITY ORDERED	UNIT	QTY. SHIPPED / QTY. BACK ORD.	ITEM NUMBER	DESCRIPTION	UNIT PRICE / ITEM DISC	UNIT PRICE / EXTENSION AMOUNT
1		1	9998	SEMI-ANNUAL INSPECTION	.00 EACH	.00
2		2	S137	FUSIBLE LINK 360 DEGREE	9.00 EACH	18.00
1		1	I100	INSP SYS REST/TRIP TEST	75.00 EACH	75.00

SALE AMOUNT	93.00
MISC. CHARGES	.00
FREIGHT	.00
SALES TAX	7.44
TOTAL	100.44
PAYMENT REC'D	
BALANCE DUE	

Roch Fire
EQUIPMENT CO., INC.
64 MARSHALL ST
ROCHESTER, NY 14607
(716) 546-6765 • FAX (716) 546-6049

RESTAURANT FIRE SYSTEM INSPECTION REPORT

SERVICE TECH RL TRUCK 5 DATE 8-14-98
CUSTOMER NAME Avalon's Rest
STREET P.O. BOX 274 N Goodman (Village Gate)
CITY Roch STATE NY ZIP CODE
SERVICE INTERVAL SEMI ANNUAL X OTHER
MFG. OF SYSTEM Range Guard MODEL # 6-Gal.
SERIAL # SIZE OF SYSTEM
TYPE OF SYSTEM WET CHEM X DRY CHEM OTHER
LAST HYDROSTATIC TEST DATE OF CYLINDER 88 (new)
LAST 6-YEAR MAINTENANCE DATE OF CYLINDER
TYPE OF FUEL SHUT DOWN DEVICE —
MECHANICAL GAS SHUT OFF VALVE yes
ELECTRICAL GAS SHUT OFF VALVE W/RESET RELAY —
ELECTRICAL CONTACT SHUT DOWN —
REMOTE MANUAL RELEASE PRESENT? YES X NO
IS SYSTEM CONNECTED TO BLDG. FIRE ALARM? YES X NO
NUMBER OF FUSIBLE LINK DETECTORS 3 DEGREE RATING 360
NUMBER OF DUCTS 1 SIZE OF DUCTS 14" X 14"
HOOD PLENUM SIZE 10'

LIST APPLIANCES LEFT TO RIGHT:	SIZE	NOZZLE TYPE	NOZZLE QTY
1. 2-Deep Fryer	14"	ADP	2
2. 2 Burner		ADP	
3. Gas radiant char Grill	36"	ADP	1
4.			
5.			
6.			

INSPECTION PROCEDURE:

-VERIFY INSPECTION WITH PROPER AUTHORITY X
-CHECK FUSIBLE LINK DETECTION ACTUATION X
CHECK REMOTE MANUAL RELEASE ACTUATION X
-CHECK FUEL SHUT DOWN DEVICE FOR PROPER OPERATION X
-CHECK CONTROL HEAD(S) FOR PROPER OPERATION X
-CHECK NOZZLES FOR OBSTRUCTIONS X PROPER COVERAGE X
-CHECK NOZZLE CAPS AND CLEAN OR REPLACE IF NECESSARY X
-CHECK PIPING X MEETS MFG. SPECS. YES X NO
-CHECK CYLINDERS FOR PROPER WEIGHT AND PRESSURES X
-REPLACE FUSIBLE LINKS X
-THIS SYSTEM HAS BEEN TEST TRIPPED YES X NO
-SYSTEM MEETS NFPA 17/17A STANDARDS YES X NO
-SYSTEM MEETS UL 300 STANDARDS YES NO X
COMMENTS: Test trip witnessed by Fire Marshall (Sam Alicata)

CONTINUED:

CONDITION OF HOOD AND DUCT(S):
HOOD, DUCT(S), AND FILTERS CLEAN? YES X NO
ALL SEAMS WELDED AND/OR PROPERLY SEALED? YES X NO
ALL HOOD AND DUCT PENETRATIONS PROPERLY SEALED? YES NO X
HOOD AND DUCT MEET NFPA 96 STANDARDS? YES X NO
COMMENTS:

RECOMMENDATIONS PER NFPA 17, 17A, 96 STANDARDS.

1. ADDITIONAL NOZZLES NEEDED FOR
2. ADDITIONAL FUSIBLE LINK DETECTOR NEEDED FOR
3. FUEL SHUT OFF DEVICE NEEDED GAS ELECT.
4. CYLINDER REQUIRES HYDROTEST
5. CYLINDER REQUIRES 6-YEAR MAINTENANCE
6. HOOD AND DUCT(S) REQUIRE CLEANING
7. FILTERS REQUIRE CLEANING
8. OTHER

RECOMMEND UPGRADING OF SYSTEM To UL 300 Standard
COMMENTS:

YOUR SIGNATURE BELOW WILL CONSTITUTE FULL ACCEPTANCE OF INSPECTION AND FIRE SERVICE AS NOTED.

SIGNATURE: X
TITLE:
DATE:

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY A01

INSPECTION # 98 - 00189

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	732	2	2

NO ENTRY DATES:
5/6/98 11:00 LJJ#3
07/10
07/15
07/16

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME: RUSITZKY JOAN
PHONE:
BUSINESS OWNER: JOAN RUSITZKY
ADDRESS: D213 ROCHESTER NY14607
PHONE: 442 8689
BUSINESS EMERGENCY: JOAN RUSITZKY
ADDRESS: 3493 EAST AV ROCHESTER NY14618
PHONE: 586 4492

SPECIAL INSTRUCTIONS: CALL FOR APPOINTMENT BUSINESS OWNER

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
	IMPROPER USE OF EXTENSION CORDS			X	

DISPOSITION by FIRE SAFETY:

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
M. S. MURPHY	A1	3	3	07/29/98
BUS/PROP REPRESENTATIVE: Joan Rusitzky	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY A01

INSPECTION # 98 - 00176

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	794	2	2

NO ENTRY DATES:- UNDER CONSTRUCTION 2 wks. from 5/6/98 07/10 8/20 8/21

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME INGRASSIA/ARNOLD JEWELRY PHONE
BUSINESS OWNER ROSA INGRASSIA
ADDRESS D240 ROCHESTER NY14607
PHONE 271 0727
BUSINESS EMERGENCY ROSA INGRASSIA
ADDRESS 1607 BRIDGEBORO WEBSTER, NY 14580.
PHONE 265 9261

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
CEILING	OPEN JUNCTION BOXES IN NEED OF COVERS.	X			
THROUGHOUT	ELECTRICIAL OUTLET BOXES MUST BE SECURED, TO WALLS.	X			
	FIRE EXTUISHER IN NEED OF SERVICE.	X			
	MULTI-PLUG ADAPTERS MUST BE REMOVED, ONE PLUG PRE OUTLET	X			

DISPOSITION by FIRE SAFETY:

FILE

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
L. J. MURRAY	A1	3	3	07/15/98

BUS/PROP REPRESENTATIVE: N. Moody — POSITION / TITLE — DATE OF REINSPECTION

FIRE SAFETY INSPECTOR: — DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

CLOSED WEDNESDAY

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

BUILDING INSPECTION / COMPLAINT FORM

COMPANY A01

INSPECTION # 98 - 00172

ADDRESS: GOODMAN ST N

FROM / TO: 274

TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN

ADDRESS: 274 N GOODMAN ST

PHONE: 442-9061

CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY

ADDRESS: 274 N GOODMAN ST

PHONE:

CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN

ADDRESS: 40 EVANDALE RD

PHONE: 461-9867

CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES | GENERAL PROPERTY USE 51 | SPECIFIC PROPERTY USE 741 | STRUCTURE TYPE 2 | STRUCTURE STATUS 2

NO ENTRY DATES: 07/10 07/15

BUSINESS NAME DYER WALTER LEATHER PHONE

BUSINESS OWNER ~~PETER HEVERON~~ JOHN B. COSTANTINI

ADDRESS 274 N GOODMAN ST ROCHESTER NY14607

PHONE 461 0908

BUSINESS EMERGENCY ~~PETER HEVERON~~ JOHN B. COSTANTINI 14450

ADDRESS ~~[illegible] RD~~ 16 WINDING BROOK ~~[illegible]~~ ~~NY[illegible]~~ FAIRPORT

PHONE ~~[illegible]~~ ~~[illegible]~~ 223 9244

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
STOREROOMS	FIRE EXTUISHERS IN NEED OF SERVICE. Corrected 8-20-98				
PANEL BOX	IN NEED OF BLANK, TO COVER HOLE NEXT TO CIRCUIT BREAKER. Corrected 8-20-98				
OFFICE AREA	COMBUSTIBLE STORED TO CLOSE TO FURNACE Corrected 8-20-98 TLT 6.M				

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. S. MURRAY	A1	3	3	07/16/98

BUS/PROP REPRESENTATIVE: | POSITION / TITLE | DATE OF REINSPECTION 8/20/98

FIRE SAFETY INSPECTOR: | DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Comp.

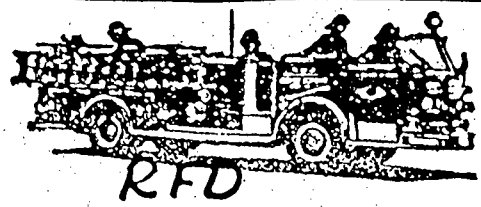
FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☒ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. Goodman St

Person contacted:

Telephone #:



RFD COMPLAINT

DATE RECEIVED IN FIRE SAFETY: DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
7/7/98								3 vio 3 ord		AR
7/16/98								3 Con	X	AR

FILE

Fire Dept.
Fire Safety Division
Public Safety Bldg.
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037
7038.

NOTICE OF VIOLATIONS

DATE 7/7/98

Gary Stern — Name
274 N. Goodman St 14607 — Address

Inspection of premises located at SAme - Salena's Mexican Rest. reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: 7/16/98.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1163.11g Electrical wiring Junction shall enclose in box (ceiling)

1163.11A Electrical wiring open/exposed And hanging shall remove or enclose in box (ceiling)

1162.3A(2) Emergency Lite Units inoperative (Restaurant)

By Order of
FIRE MARSHAL

INSPECTOR [signature]

DATE of COMPLIANCE 7/16/98.

Inspector [signature]

FD506

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00165

ADDRESS GOODMAN ST N FROM / TO 274 TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN ADDRESS 274 N GOODMAN ST PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY ADDRESS 274 N GOODMAN ST PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN ADDRESS 40 EVANDALE RD PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 189	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES: 4+5J
5/5/98 13:00hrs - called no answer
8/20
8/21

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME AREA ARTISTS INC PHONE 473-8958
BUSINESS OWNER G RENO
ADDRESS D-242 ROCHESTER NY14607
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
CLUB ROOM - MEETING ROOM	OPENINGS IN SUSPENDED CEILING IN NEED OF TILES, MUST BE REPAIRED			X	

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
D. J. MURRAY	A1	3	3	07/10/98

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
Cathy		

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00162

ADDRESS: GOODMAN ST N

FROM / TO: 274

TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN

ADDRESS: 274 N GOODMAN ST

PHONE: 442-9061

CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY

ADDRESS: 274 N GOODMAN ST

PHONE:

CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I. STERN

ADDRESS: 40 EVANDALE RD

PHONE: 461-9867

CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	682	2	2

NO ENTRY DATES: 6/13/98

BUSINESS NAME PHONE

BUSINESS OWNER

ADDRESS PHONE

BUSINESS EMERGENCY

ADDRESS PHONE

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
	VACANT AT THIS TIME				

FILE

OFFICER PREPARING REPORT: Lt R Merrick	COMPANY 4	DISTRICT 83	GROUP 4	DATE 7/7/98
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: JUL -- 1 1998 DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
7/7/98								ok	X	AR

FILE

Open elect wing splice,
" " " open end

Every little F/X..

D-7

CITY OF ROCHESTER
CERTIFICATE OF USE APPLICATION
DEPARTMENT OF COMMUNITY DEVELOPMENT
30 CHURCH STREET
ROCHESTER, NEW YORK 14614

BUSINESS INFORMATION

Business Name: SALENA'S MEXICAN RESTAURANT — 274 N. Goodman St.
Business Address: ROCHESTER, NY **Zip:** 14607
Business Type: BAR
Historic Hours of Operation: 11:30 AM to 10:00 PM
Certificate Color: PINK
Approved Licenses:

Business Owner: BROWNCROFT ENTERPRISES, INC.
SSN/Tax ID#: 16-1551067
Home Address: ALBERT DEBLIECK **Phone:** 000 482-5626
70 QUENTIN RD.
ROCHESTER, NY **Zip:** 14609
Mail to: HOME ADDRESS
Property Owner: GARY I & MARCIA STERN FAMILY

I understand that false statements made on this application may result in the denial or loss of the Certificate of Use.

Business Owner Signature: Albert De Blieck

(FOR CITY USE ONLY)

APPROVALS REQUIRED: **FEE:**

BUILDING BUREAU
JUN23'98 02:45PM

APPROVED HOURS OF OPERATION Unlimited **AM/PM** to **AM/PM**

ELLEN 03

DCD/ZONING: SPO **DATE:** 6/23/98

1 MISC 25.00
SUBTOTAL 25.00
TOTAL 25.00
274 N GOODMAN
CHECK 25.00
ITEMS 1
2799 03 0101

DCD/BUILDINGS: **DATE:**

RFD/FIRE SAFETY: Al Frehnds **DATE:** 7/7/98

RPD: **DATE:**

DCD/PC: **DATE:**

DATE OF APPROVAL: **C of U#:** 001225

FILE

FD570

FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 274 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY: JUN 26 1998 DATE	APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
7/1/98.								ok /com	X	AR

FILE

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 1998

INSPECTION DATE: 6/30/98.

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09040	OVEN OPERATION - PIZZA

ok

portable fire extng. moved.

DATE VIOLATIONS ISSUED: _____ 19 ____ CORRECTED: _____ 19 ____

DATE OF APPROVAL FOR PERMIT: 6/30/ 1998 SIGNATURE: [signature]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 19 ____ DATE EXPIRED: _____ 19 ____

PERMIT NUMBER: _____ FEE REQD: _____

INSPECTION REPORT PERMIT MONTH: JULY 1998

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 03 OWNER: FAST EDDIE'S
274 N GOODMAN STREET
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: PHONE NO: 2441140 APPOINTMENT:(Y/N) ___

EMGENCY CONTACT: _____ PHONE NO: _____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	07051	OVEN OPERATION - PIZZA

Void out of Business

DATE VIOLATIONS ISSUED: _____ 19 ____ CORRECTED: _____ 19 ____

DATE OF APPROVAL FOR PERMIT: _____ 19 ____ SIGNATURE: _____

---------- FOR OFFICE USE ONLY ----------

DATE PERMIT ISSUED: _____ 19 ____ DATE EXPIRED: _____ 19 ____

PERMIT NUMBER: SEE BOOK:

INSPECTION REPORT / PERMIT MONTH: SEPTEMBER 1998

INSPECTION DATE: 6/30/98

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: R CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09040	OVEN OPERATION - PIZZA

ok

DATE VIOLATIONS ISSUED: _____ 19____ CORRECTED: _____ 19____

DATE OF APPROVAL FOR PERMIT: 6/30/ 1998 SIGNATURE: [illegible]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: 8/24 19 98 DATE EXPIRED: 9/30 19 99

PERMIT NUMBER: 09042 FEE REQD: _____

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

BUILDING INSPECTION / COMPLAINT FORM

COMPANY Q09

INSPECTION # 98 - 09426

ADDRESS ALEXANDER ST FROM / TO 300 TAX ACCT # 022943-01.0

PROPERTY OWNER KRAVETZ REALTY CO ADDRESS 1525 FIRST FEDERAL PZ PHONE 232-1525
CITY ROCHESTER STATE NY ZIP 14614

MAILING NAME KRAVETZ REALTY CO INC ADDRESS 1525 FIRST FEDERAL PZ PHONE
CITY ROCHESTER STATE NY ZIP 14614

EMERGENCY CONTACT ROGER DOWNEY ADDRESS 300 ALEXANDER ST PHONE 244-8121
CITY ROCHESTER STATE NY ZIP 14607

NFPA 901 CODES	GENERAL PROPERTY USE 42	SPECIFIC PROPERTY USE 424	STRUCTURE TYPE	STRUCTURE STATUS 2

NO ENTRY DATES: 11/3 & on

BUSINESS NAME ALEXANDRIAN THE PHONE
BUSINESS OWNER
ADDRESS PHONE
BUSINESS EMERGENCY
ADDRESS PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

FILE

OFFICER PREPARING REPORT: R. Grabowski	COMPANY Q9	DISTRICT B3	GROUP 4	DATE 6/25/98
BUS/PROP REPRESENTATIVE: X Roger Downey	POSITION / TITLE SUPER			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00191

ADDRESS GOODMAN ST N

FROM / TO 274

TAX ACCT # 005000-03.0

PROPERTY OWNER GARY I STERN

ADDRESS 274 N GOODMAN ST

PHONE 442-9061

CITY ROCHESTER STATE NY ZIP 14607

MAILING NAME STERN REALTY

ADDRESS 274 N GOODMAN ST

PHONE

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT GARY I STERN

ADDRESS 40 EVANDALE RD

PHONE 461-9867

CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 513	STRUCTURE TYPE 2	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME SWEET BOUTIQUE THE PHONE

BUSINESS OWNER GAIL KRAVETZ

ADDRESS 274 N GOODMAN ST ROCHESTER NY14607

PHONE 244 5701

BUSINESS EMERGENCY GAIL KRAVETZ

ADDRESS 90 WILLOWICK DR FAIRPORT NY14450

PHONE 223 3449

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
[signature]	A-1	B3	4	6/13/98
BUS/PROP REPRESENTATIVE: [signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00195

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	541	2	2

NO ENTRY DATES:

BUSINESS NAME YANKEE PEDDLER BOOKS PHONE
BUSINESS OWNER JOHN WESTERBERG
ADDRESS B272 ROCHESTER NY14607
PHONE 271 5080
BUSINESS EMERGENCY JOHN WESTERBERG (315)
ADDRESS 4299 E LAKE RD WILLIAMSON NY14589
PHONE 589 2049

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME				

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt. Russel Merrick	A-1		4	6-13-98

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
J. WESTERBERG	OWNER	

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY A01
ADDRESS GOODMAN ST N
FROM / TO 274
INSPECTION # 98 - 00159
TAX ACCT #
PROPERTY OWNER
ADDRESS
PHONE 000-0000
CITY
STATE
ZIP
MAILING NAME
ADDRESS
PHONE
CITY
STATE
ZIP
EMERGENCY CONTACT
ADDRESS
PHONE 000-0000
CITY
STATE
ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME GARLIC PIT 242-87 PHONE
BUSINESS OWNER
ADDRESS
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				

VACANT

NOTE: THIS INSPECTION + THE CRUSHED TOMATO ARE ONE IN THE SAME. SPACE IS VACANT AT THIS TIME.

FILE

OFFICER PREPARING REPORT: Lt R Merritt	COMPANY A-1	DISTRICT B3	GROUP 4	DATE 6/13/98
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY A01
ADDRESS GOODMAN ST N
FROM / TO 274
INSPECTION # 98 - 00158
TAX ACCT #
PROPERTY OWNER
ADDRESS
PHONE 000-0000
CITY
STATE
ZIP
MAILING NAME
ADDRESS
PHONE
CITY
STATE
ZIP
EMERGENCY CONTACT
ADDRESS
PHONE 000-0000
CITY
STATE
ZIP

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME ~~CRUSHED TOMATO~~
BUSINESS OWNER GARLIC PIT
ADDRESS
PHONE
BUSINESS EMERGENCY
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
	VACANT				
	NOTE: THIS INSPECTION & THE GARLIC PIT ARE ONE OF THE SAME. SPACE IS VACANT AT THIS TIME.				

FILE

OFFICER PREPARING REPORT: LT RJ Merrick	COMPANY A-1	DISTRICT B 3	GROUP 4	DATE 6/13/97
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY Q07

INSPECTION # 98 - 08780

ADDRESS GOODMAN ST N FROM / TO 474 478 TAX ACCT # 047627-01.0

PROPERTY OWNER ORLANDO LEONARDO JR ADDRESS 62 BONITA DR PHONE 000-0000
CITY ROCHESTER STATE NY ZIP

MAILING NAME KATZ BROTHERS MARKET INC ADDRESS P O BOX 1025 PHONE
CITY ROCHESTER STATE NY ZIP 14603

EMERGENCY CONTACT CHARLES MANZLER OR RICHARD HINCHCLIFFE ADDRESS 226 HENRIETTA ST PHONE 244-5813
CITY ROCHESTER STATE NY ZIP 14620

NFPA 901 CODES	GENERAL PROPERTY USE 51	SPECIFIC PROPERTY USE 513	STRUCTURE TYPE 1	STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME KATZ BROTHERS MARKET INC PHONE
BUSINESS OWNER ORLANDO LEONARDO, JR.
ADDRESS 62 BONITA DR ROCHESTER NY
PHONE 325 7547
BUSINESS EMERGENCY CHARLES MANZLER 244-5813 RICH HINCHCLIFF
ADDRESS
PHONE 467 1428

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

FILE

OFFICER PREPARING REPORT: Lt. M. Sulli	COMPANY Q/M7	DISTRICT	GROUP 4	DATE 6-12-98
BUS/PROP REPRESENTATIVE: Charles O. Manzler	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

STATE OF NEW YORK COUNTY OF MONROE CITY OF ROCHESTER

ROCHESTER FIRE DEPARTMENT SUPPORTING DEPOSITION CODE ENFORCEMENT/FIRE SAFETY DIVISION

May 30, 1998

DEPONENT NAME: Donna Auxier, Code Enforcement Officer
ADDRESS: 150 South Plymouth Avenue
Rochester, New York 14614

DEPONENT DISPOSES AND SAY:

I am a Code Enforcement Officer for the City of Rochester Fire Department, Rochester, New York, the Fire Safety Division and on:

January 29, 1998, I went to 300 Alexander Street for the purpose of:
Fire Inspection, where I found the following violation(s) to 9NYCRR to wit the following: 1162.3a-c .

Therefore on April 30, 1998, I issued the following Municipal Code Violation Appearance Ticket(s) as follows:

TICKET #182042 to Kravetz Realty Co., 3650 B Monroe Avenue, Suite 5, Rochester, New York, 14534.

NOTICE: Any false statement made herein are punishable as a class A misdemeanor to section(s) 210.45 of the New York State Penal Law.

Mark Sindlar
Witness Signature

Donna Auxier
FF Donna Auxier

DA:mj

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00192

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	161	2	2

NO ENTRY DATES:

BUSINESS NAME VILLAGE GATE CAFE PHONE
BUSINESS OWNER MARIAN PARROW
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE 254 1592
BUSINESS EMERGENCY MARIAN PARROW
ADDRESS 834 FLOWER CITY PARK ROCHESTER NY14615
PHONE 254 1592

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt RJ Meekins	A-1	B3	4	20 May 98
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
	owner			
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

FIRE SAFETY INSPECTION RECORD

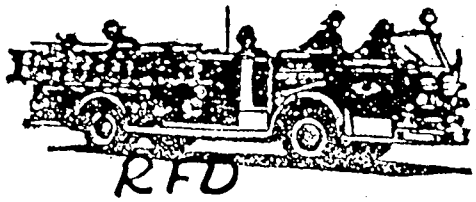
☐ LICENSE
☐ PERMIT

☒ EAST
☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted:

Telephone #:

DATE RECEIVED IN FIRE SAFETY: MAY 11 1998 DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	 RFD COMPLAINT NOTES	OK TO FILE	INSPECTOR
5-20-98	3:00				X			Ck for Seasonal Use of Furnace / Clothes Rack.	X	ST

FILE

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 13988

COMPANY A01

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	521	2	2

NO ENTRY DATES: 6-6-97 AM PM

BUSINESS NAME RICKY'S PLACE — PHONE
BUSINESS OWNER RICKY SANDS
ADDRESS B264 — ROCHESTER NY14607
PHONE 442 0042

BUSINESS EMERGENCY RICKY SANDS
ADDRESS 171 WIMBLEDON ST — ROCHESTER NY14617
PHONE 544 0009

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
REAR MAIN ROOM	COMBUSTABLES STORED TO CLOSE TO				X
	FURNACE NOT CORRECTED				
CEILING	COMBUSTABLES HUNG ON LIGHT FIXTURES			X	
	CORRECTED				
CEILING	COMBUSTABLES HUNG ON SPRINKLER HEADS			X	
	CORRECTED				

DISPOSITION by FIRE SAFETY:

OFFICER PREPARING REPORT: LT. C. McCullough	COMPANY A-1	DISTRICT 3	GROUP 1	DATE 6/6/97
BUS/PROP REPRESENTATIVE: Lindsay Berman	POSITION / TITLE			DATE
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/90

COPY TO FIRE SAFETY

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 05/18/98

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN REALTY & MANAGEMENT CO
274 GOODMAN ST N

99-05110	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B18	ACETYLENE/FLAMMABLE GAS USAGE	$ 50

TREASURER CLERK
JUN11'98 10:03AM
C CLERK 02
1 FIRE PVN 50.00
SUBTOTAL 50.00
TOTAL 50.00
CHECK 50.00
ITEM 1
4021 02 0101 JUN11'98 10:04A

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 05/31/99

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

274 GOODMAN ST N

99-05110	PERMIT NUMBER
05/18/98	INVOICE DATE
06/18/98	DUE DATE
$ 50	AMOUNT DUE

GARY STERN
STERN REALTY & MANAGEMENT CO
274 N GOODMAN STREET
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY A01

INSPECTION # 98 - 00174

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	753	2	2

NO ENTRY DATES:

BUSINESS NAME GATEWAY POSTER & FRAMING PHONE
BUSINESS OWNER ROB LA FAVE
ADDRESS C155 ROCHESTER NY14620
PHONE 473 7330
BUSINESS EMERGENCY ROB LA FAVE
ADDRESS 30 MERRIMAN ST ROCHESTER NY14607
PHONE 244 8867

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

DISPOSITION by FIRE SAFETY:

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. Alvin M. BILLS	A-1	3	3	5/6/98
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

182042

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Last Name (Defendant) First M.I.

Street Address Apt. #

City State Zip

D.O.B. Sex Summons Issued To

LICENSE INFORMATION

License # Exp Date / /

☐ Amusement Center ☐ Entertainment Center ☐ Alarm Permit

☐ Taxi Driver ☐ Solicitor/Vendor ☐

☐ Dog: Color

Breed (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence Rochester, Monroe Co., N.Y.

Date / / Time A.M./P.M.

OFFENSE

In violation of Chapter SEC SUB A-C of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place

PERSON ABOVE IS SUMMONED TO APPEAR AT:

☒ MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

☐ CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.

☐ CITY COURT PART V (VIOL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: day of 19

at A.M./P.M.

FINE SCHEDULE: A (B) C D E DOG REFUSE ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT Date

ID # SEC

REV 10/95 G.O. 565

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00181

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER — STATE: NY — ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER — STATE: NY — ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES: 8/20

BUSINESS NAME MOTION CONTROL TECHNOLOGY PHONE
BUSINESS OWNER JOHN SAPORITO (461-2110)
ADDRESS ~~72 CAMPBELL PK~~ 1650 STRONG RD. C265 VICTOR 14564 ROCHESTER NY14606
PHONE ~~235 4330~~ 742-1649
BUSINESS EMERGENCY TONY CASSARO
ADDRESS
PHONE 225 1539

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
CLOSET	1. UTILITY RM. STORAGE AROUND FURNACE. REMOVE BOX MATERIALS. Corrected 8/21/98			X	

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. KEVIN M. BILLS	A-1	3	3	5/5/98.

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
		8-21-98

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00173

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	551	2	2

NO ENTRY DATES:

BUSINESS NAME ENCHANTED WORLD OF DOLLS PHONE
BUSINESS OWNER MARY JANE MUSCARELLA level 1
ADDRESS 274 N GOODMAN ST ROCHESTER NY14607
PHONE 244 0489
BUSINESS EMERGENCY MARY JANE MUSCARELLA
ADDRESS 6 CRABTREE CL WEBSTER NY14580
PHONE 671 6518

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
1. Counter area	Fire Ext. out of date. Please have inspected.				
	Corrected 8-20-98 FT Gim				

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
Lt. Scott Tanner	A1	3	3	5/6/98
BUS/PROP REPRESENTATIVE: Donna Marketell	POSITION / TITLE: clerk			DATE OF REINSPECTION: 8-20-98
FIRE SAFETY INSPECTOR:				DATE

RED 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00167

ADDRESS: GOODMAN ST N — FROM / TO: 274 — TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN — ADDRESS: 274 N GOODMAN ST — PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY — ADDRESS: 274 N GOODMAN ST — PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN — ADDRESS: 40 EVANDALE RD — PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	534	2	2

NO ENTRY DATES:

BUSINESS NAME BOF SHOP RECORD STORE THE PHONE
BUSINESS OWNER THOMAS KOHN
ADDRESS B123 ROCHESTER NY14607
PHONE 271 3354
BUSINESS EMERGENCY THOMAS KOHN
ADDRESS 115 WEST AV EAST ROCHESTER NY14445
PHONE 381 3816

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☐ NO VIOLATIONS NOTED AT THIS TIME				
1. CLOSET	*UTILITY RM. CHAIRS NEED TO BE REMOVED NEAR FURNACE. Corrected 8-20-98 JCT cm				

DISPOSITION by FIRE SAFETY:

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. Levin M. Bivs	A-1	3	3	5/5/98
BUS/PROP REPRESENTATIVE: X	POSITION / TITLE: OWNER			DATE OF REINSPECTION: 8-20-98
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00187

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	521	2	2

NO ENTRY DATES:

BUSINESS NAME RICKY'S PLACE
PHONE
BUSINESS OWNER RICKY SANDS
ADDRESS B264 ROCHESTER NY14607
PHONE 442 0042
BUSINESS EMERGENCY RICKY SANDS
ADDRESS 171 WIMBLEDON ST ROCHESTER NY14617
PHONE 544 0009

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME				

DISPOSITION by FIRE SAFETY:

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. Kevin M. Bills.	A-1	3	3	5/5/98.

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
	MANAGER.	

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00170

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 481-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51		2	2

NO ENTRY DATES:

BUSINESS NAME COTTAGE BREWING
PHONE
BUSINESS OWNER ELISABETH BOSEK
ADDRESS B260 ROCHESTER NY14607
PHONE 242 0170
BUSINESS EMERGENCY ELISABETH BOSEK
ADDRESS 57 LAKEVIEW PK ROCHESTER NY14613
PHONE 458 4806

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	DISPOSITION by FIRE SAFETY: REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME				

FILE

OFFICER PREPARING REPORT: Ff. Kevin M. Bills.	COMPANY A-1	DISTRICT 3	GROUP 3	DATE 5/6/98.
BUS/PROP REPRESENTATIVE: Jason Fox	POSITION / TITLE MANAGER.			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00171

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	231	2	2

NO ENTRY DATES:

BUSINESS NAME DANCER'S ALLEY DANCE STUD PHONE
BUSINESS OWNER MEGGINS KELLY
ADDRESS D238 ROCHESTER NY14607
PHONE 271 0031
BUSINESS EMERGENCY MEGGINS KELLY
ADDRESS 44 COUCHMAN AV ROCHESTER NY14617
PHONE 467 3686

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☑ NO VIOLATIONS NOTED AT THIS TIME				

DISPOSITION by FIRE SAFETY:

FILE

OFFICER PREPARING REPORT	COMPANY	DISTRICT	GROUP	DATE
F.F. Kevin M. Bills	A-1	3	3	5/6/98

BUS/PROP REPRESENTATIVE	POSITION / TITLE	DATE OF REINSPECTION
Meggins Kelley	OWNER	

FIRE SAFETY INSPECTOR:	DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY A01

INSPECTION # 98 - 00178

ADDRESS: GOODMAN ST N
FROM / TO: 274
TAX ACCT #: 005000-03.0

PROPERTY OWNER: GARY I STERN
ADDRESS: 274 N GOODMAN ST
PHONE: 442-9061
CITY: ROCHESTER STATE: NY ZIP: 14607

MAILING NAME: STERN REALTY
ADDRESS: 274 N GOODMAN ST
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14607

EMERGENCY CONTACT: GARY I STERN
ADDRESS: 40 EVANDALE RD
PHONE: 461-9867
CITY: ROCHESTER STATE: NY ZIP: 14618

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	594	2	2

NO ENTRY DATES:

BUSINESS NAME KELSEY-PAPE ENGINEERING PHONE
BUSINESS OWNER JOHN PAPE
ADDRESS D-112 ROCHESTER NY14607
PHONE 271 1990
BUSINESS EMERGENCY JOHN PAPE
ADDRESS 52 LAKEVIEW PK ROCHESTER NY14613
PHONE 458 4848

SPECIAL INSTRUCTIONS: OPEN @ 11AM

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	☒ NO VIOLATIONS NOTED AT THIS TIME				

DISPOSITION by FIRE SAFETY:

FILE

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
F.F. KEVIN M. BILLS	A-1	3	3	5/6/98
BUS/PROP REPRESENTATIVE:	POSITION / TITLE: OWNER			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 12/97

COPY TO FIRE SAFETY

DEPOSITION STATEMENT FOR VIOLATIONS

DATE: 4-30-98

DEPONENT: Donna Auxier

DIPOSES AND SAYS:

I AM A CODE ENFORCEMENT OFFICER FOR THE CITY OF ROCHESTER FIRE DEPARTMENT ROCHESTER, NEW YORK, THE FIRE SAFETY DIVISION AND: ON 1-29-98 I WENT TO: 300 Alexander St SAID PROPERTY OWNED BY: Kravetz Realty Co OF _____ FOR THE PURPOSE OF: Fire inspection WHERE I FOUND THE FOLLOWING VIOLATION(S) TO 9NYCRR TO WIT THE FOLLOWING SECTIONS: 1162.3 A-C

I ISSUED NOTICE OF VIOLATIONS TO: Kravetz Realty Co TITLE: Property Owner FOR CORRECTIONS TO BE MADE ON OR BEFORE: 2-27, 1998. UPON MY RETURN VISIT(S) FOR REINSPECTION ON: 2/26/98 3/11/98 4/27/98 __/__/__ __/__/__ __/__/__ __/__/__ __/__/__

I FOUND correction had not been made.

THEREFORE ON 4-30-98 I ISSUED THE FOLLOWING MUNICIPAL CODE VIOLATION APPEARANCE TICKET(S) AS FOLLOWS:

TICKET # 182042 VIOLATION: 1163.3 A-C

TICKET # _____ VIOLATION: _____

TICKET # _____ VIOLATION: _____

TICKET # _____ VIOLATION: _____

TICKET # _____ VIOLATION: _____

TICKET # _____ VIOLATION: _____

TICKET # _____ VIOLATION: _____

TICKET # _____ VIOLATION: _____

City of Rochester
FIRE DEPARTMENT
PERMIT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 04/22/98

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

MONROE REPROGRAPHICS INC
274 GOODMAN ST N

99-04054	PERMIT NUMBER

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10A	FLAMMABLE LQD STORAGE - CLS I	$ 50
5412B10B	CMBSTBLE LQD STORAGE - CLS II,III	$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	$ 50
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	$ 60

TREASURER CLERK
MAY01'98 10:15AM
C CLERK 02
1 FIRE PVN 210.00
SUBTOTAL 210.00
TOTAL 210.00
CHECK 210.00
ITEM 1
1 378 02 0101 MAY01'98 10:15A

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

274 GOODMAN ST N

99-04054	PERMIT NUMBER
04/22/98	INVOICE DATE
05/23/98	DUE DATE
$ 210	AMOUNT DUE

MONROE REPROGRAPHICS INC
274 GOODMAN ST N
ROCHESTER NY 14607

FD513

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	$ 75.00	$150.00
2nd Offense, or after 60 days	$150.00	$300.00
3rd Offense, or after 90 days	$375.00	$750.00

FIRE SAFETY INSPECTION RECORD

☒ LICENSE
☐ PERMIT

☐ EAST
☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted:

Telephone #:

DATE RECEIVED IN FIRE SAFETY: APR 02 1998

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	A/E INSPECTION NOTES	OK TO FILE	INSPECTOR
4-7-98	3:30						X		X	SI

FILE

NEW INFORMATION

[X] RENEWAL
(prev # 4)

CITY OF ROCHESTER
BUREAU OF TREASURY
100A CITY HALL
ROCHESTER, NY 14614

#225

LIC# _____
ISS _____
EXP _____

LICENSE APPLICATION

(Indicate license type with an "X")

[ ] AMUSEMENT CENTER [X] ENTERTAINMENT CENTER sq ft _____ seating _____ [X] DANCE

APPLICANT: Carl Follaco c/o Savannah's Grill & Bar (full name) | 271-2790 (phone) | DATE OF BIRTH: 4 | 5 | 64

274 N. Goodman St (residence # street) | Roch (city) | N.Y. (state) | 14607 (zip)

ACTIVITY: (describe) Live music

NOTE: If the APPLICANT or PROPERTY OWNER is a partnership, give name, D.O.B. & home address of each partner; if a corporation, give name, D.O.B. & home address of all officers and shareholders; if d.b.a., give name, D.O.B. & home address of principals. (use back side if needed)

PROP OWNER: Gary Stern (full name) | 442-9061 (phone) | DATE OF BIRTH: 5 | 8 | 43

Office 274 N. Goodman St 101 (residence # street) | Roch, (city) | NY (state) | 14607 (zip)

PREMISES: Savannah's Grill & Bar (name of business) | 271-2790 (phone)

274 N. Goodman St (address # street) | Roch. (city) | NY (state) | 14607 (zip)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 25 DAY OF March, 19 98

Carl Follaco (signature of applicant) | 3/25/98 (date)

Blinda Escalante 2/2/2000
Comm Deeds/Notary Public

office use only

PLEASE FORWARD APPROVED FORMS TO TREASURER'S OFFICE

CZC NO. 963511

FILE

APPROVED: _____ (Zoning) | _____ (date)

APPROVED: A. Dulgia (Fire Safety Inspector) | 4-7-98 (date)

APPROVED: _____ (Fire Marshall) | _____ (date)

DISTRIBUTION:
wht - police
pnk - fire
blu - bldng
yel - treas

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☒ PERMIT

☒ EAST ☐ WEST ☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted: Harry

Telephone #:

DATE RECEIVED IN FIRE SAFETY: FEB 20 1998 DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	FIRE DEPARTMENT PERMIT Monroe Reprograph NOTES	OK TO FILE	INSPECTOR
2/24			1							RS
3-2										
								FILE		

Fire Dept.
Fire Safety Division
Public Safety Bldg.
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037

NOTICE OF VIOLATIONS

DATE 2-24-98

Monroe Reprographics — Name
274 N Goodman — Address

Inspection of premises located at Same. reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: 3-2-98.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

9NYCRR

extings shall be checked or integged discharged. (near break room)

By Order of
FIRE MARSHAL

INSPECTOR Ron Shilo 6546

DATE of COMPLIANCE _____ Inspector _____

FD506

PERMIT NUMBER: _____ FEE REQD: _____ _____

INSPECTION REPORT PERMIT MONTH: APRIL 1998

INSPECTION DATE: 2-24-98

LOCATION: 274 GOODMAN ST N 02 OWNER: MONROE REPROGRAPHICS INC
274 GOODMAN ST N
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ~~[illegible]~~DO PHONE NO: 4736600 APPOINTMENT:(Y/N) ___
TAMMY SIMMONS
(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10A	50	04052	FLAMMABLE LQD STORAGE - CLS I
5412B10B	50		CMBSTBLE LQD STORAGE - CLS II,III
5412B12C	50		CORROSIVE LIQUIDS - OVER 55 GAL
5412B17	60		COMBUSTIBLE MATERIAL STORAGE - OVER

DATE VIOLATIONS ISSUED: 2-24 19 98 CORRECTED: _____ 19 ___

DATE OF APPROVAL FOR PERMIT: _____ 19 ___ SIGNATURE: RSLC

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 19 ___ DATE EXPIRED: _____ 19 ___

FIRE SAFETY INSPECTION RECORD

☒ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted: Telephone #:

A/E INSPECTION

CENTRAL PARK

NEW INFORMATION

DATE RECEIVED IN FIRE SAFETY: FEB 10 1998 DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
2/13/98			7					7 U18 7 ORDS		AR
2/21/98										
3/4/98						7		7 COM	X	AR

FILE

Fire Dept.
Fire Safety Division
Public Safety Bldg.
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037

NOTICE OF VIOLATIONS

DATE 2/12/98

Central Pk — Name

274 W. Goodman St — Address

Inspection of premises located at Same. reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: 2/21/98.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

1162.3b Illuminated exit sign inop.

Portable fire extinguisher outdated tag. 1163.13b1.

1163.13e. Ansul fire extinguishment system outdated

1163.12A Hood/filter greasy shall clean to bare metal

90-12C (2) Propane cylinders used for heating
Immediate Remove

1163.11e. Electrical extension cord excessive @ cigarette mach.

1163.11g Open electrical receptical cover, missing tol
Kitchen @ ceiling.

By Order of
FIRE MARSHAL

INSPECTOR Al Richards

DATE of COMPLIANCE _____ Inspector _____

FD506

City of Rochester

LICENSE
(Renewal Application)

Please type or print in black ink, fill in the blanks and correct preprinted information where appropriate.

APPLICANT: GESKA, EDWARD

ADDRESS: 2157 EAST AV

ROCHESTER NY 14610

PHONE: 527-2610

DATE OF BIRTH: 03/19/52

THIS SPACE FOR ADMINISTRATIVE USE ONLY

TYPE OF LICENSE	PREVIOUS LICENSE #	CURRENT LICENSE #
AMUSEMENT		
ENTERTAINMENT	22	
DANCE		
BILLARDS		
SECONDHAND DEALER		
EXPIRATION DATE	January 31, 1999	
RENEWAL FEE	225	
VALIDATION		

(valid only if stamped)

NOTE: If the APPLICANT or PROPERTY OWNER is a partnership, give name, D.O.B. & home address of each partner; if a corporation, give name, D.O.B. & home address of all officers and shareholders; if d.b.a., give name, D.O.B. & home address of principals. (Use back side if needed.)

PROP OWNER: STERN, GARY (full name) 442-9061 (phone) DATE OF BIRTH: 05/08/43

40 EVANDALE RD (residence # street) ROCHESTER (city) NY (state) 14618 (zip)

PREMISES:

CENTRAL PARK (name of business) 271-5054 (phone) FAX 777 4018

274 GOODMAN ST N (address # street) ROCHESTER (city) NY (state) 14607 (zip)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

22 DAY OF January, 1998

Edward J Geska 1-22-98
signature of applicant date

Janet L. Pfeifer
Comm Deeds/Notary Public 11-28-98

office use only

PLEASE FORWARD APPROVED FORMS TO TREASURER'S OFFICE

- [ ] CRMN REC
- [x] LDRS
- [ ] MCVB
- [ ] SITE INSP/VENDOR _____

CZC NO. 42990 GAME LIMIT Unlimited

DENIAL ___ CR # _____

APPROVED: _____ Zoning _____ date

APPROVAL ___ INV _____ date

APPROVED SUBJECT TO RELATED CODE REQUIREMENTS ☐

FILE

DISTRIBUTION:
wht-police
pnk-fire
yel-treas

FIRE

Al Richards 3/4/98
Chief of Police date

FIRE SAFETY INSPECTION RECORD

☐ LICENSE
☐ PERMIT

☒ EAST
☐ WEST
☐ SPECIAL

LOCATION: 274 N. GOODMAN ST

Person contacted:

Telephone #:

DATE RECEIVED IN FIRE SAFETY: NOV 10 1997 DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
1-21-98			2							DA
2-4-98										
2-6-98						2			K	DA

FILE

Fire Safety Division
Fire Department

BUILDING INSPECTION / COMPLAINT FORM

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

INSPECTION # 13982

COMPANY A01

ADDRESS	FROM / TO	TAX ACCT #
GOODMAN ST N	274	005000-03.0

PROPERTY OWNER	ADDRESS	PHONE
GARY I STERN	274 N GOODMAN ST	442-9061
	CITY ROCHESTER STATE NY ZIP 14607	

MAILING NAME	ADDRESS	PHONE
STERN REALTY	274 N GOODMAN ST	
	CITY ROCHESTER STATE NY ZIP 14607	

EMERGENCY CONTACT	ADDRESS	PHONE
GARY I STERN	40 EVANDALE RD	461-9867
	CITY ROCHESTER STATE NY ZIP 14618	

NFPA 901 CODES	GENERAL PROPERTY USE	SPECIFIC PROPERTY USE	STRUCTURE TYPE	STRUCTURE STATUS
	51	591	2	2

NO ENTRY DATES:

BUSINESS NAME MOTION CONTROL TECHNOLOGY PHONE
BUSINESS OWNER JOHN SAPORITO (461-2110)
ADDRESS ~~72 CAMPBELL PK~~ C265 ROCHESTER NY14606
STRONG RD VICTOR PHONE ~~235 4330~~ 742-1649
BUSINESS EMERGENCY TONY CASSARO
ADDRESS PHONE 225 1539

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.	COMPLAINT	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
STORAGE ROOM 1st FLOOR	COMBUSTIBLES STORED TO CLOSE TO FURNACE		X		
	NOT CORRECTED				
TROUGH OUT OFFICE	PERMANET USE OF EXSTENSION CORDS		X		
	CORRECTED AT TIME OF REINSP.				

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
LT. C. McCullough	A-1	3	1	6/6/97

BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE
Karen A Roy		

FIRE SAFETY INSPECTOR:	DATE
Donna Auxer	1-21-98

RFD 501 REV. 12/90

COPY TO FIRE SAFETY

Fire Dept.
Fire Safety Division
Public Safety Bldg.
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037

NOTICE OF VIOLATIONS

DATE Jan 21, 1998

Motion Control Technology
Name

Address

Inspection of premises located at 274 N. Goodman St - C 365 reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: Feb 4, 1998.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	$ 75	$150
2nd OFFENSE	$150	$300
3rd & SUBSEQUENT	$375	$750

Combustibles shall be a minimum of 36" from furnace

electrical wiring/extension cord shall not be wrapped/secured around overhead piping.

By Order of
FIRE MARSHAL

INSPECTOR [signature]

DATE of COMPLIANCE 2-5-97

Inspector Donna Cupe

FD506

E SAFETY INSPECTION RECORD

☐ LICENSE ☒ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 300 ALEXANDER ST

Person contacted:

Telephone #:

DATE RECEIVED IN FIRE SAFETY: OCT 2 1997

RFD COMPLAINT

DATE	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
1-29-98								Marilyn / Rodger		DA
2-27										
3-26	2:00									
3-11-98					X			no Exit signage yet - call management		
4-24-								Call Rodger For Appt		
4-27					X			pictures - taken		
6-3	9:00							Court		
					NOT			GUILTY	X	DD

FILE

INSPECTION REPORT PERMIT MONTH: SEPTEMBER 1997

INSPECTION DATE: _____

LOCATION: 274 GOODMAN ST N 05 OWNER: CROCODILE ROCK CAFE
274 N. GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ~~R~~ Richard CHIAUETTA PHONE NO: 2561670 APPOINTMENT:(Y/N) ___

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16B	30	09042	OVEN OPERATION - PIZZA

OK

DATE VIOLATIONS ISSUED: 7-31 19 97 CORRECTED: _____ 19 ___

DATE OF APPROVAL FOR PERMIT: _____ 19 ___ SIGNATURE: D. Aut

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: 10/17 19 97 DATE EXPIRED: 9/30 19 98

PERMIT NUMBER: 09040 FEE REQD: _____